

DAILY JAIL RATE MANUAL

FOR REIMBURSEMENTS

UNDER

SECTION 4016.5 OF THE PENAL CODE

SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE



STATE OF CALIFORNIA

YOUTH AND ADULT CORRECTIONAL AGENCY

CALIFORNIA DEPARTMENT OF CORRECTIONS

AND

CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY

FISCAL YEAR 2004/05

TABLE OF CONTENTS

I. INTRODUCTION.....	1
A. Overview of Local Assistance Program.....	1
B. Methodology	2
C. Policy.....	2
II. DAILY JAIL RATE	4
A. Daily Jail Rate Requirements.....	4
B. Annual Daily Jail Rate Proposal.....	4
1. DJR Proposal	5
2. Request for Extension.....	5
3. Carry Forward Rate Request.....	5
C. Approval of the Proposed DJR	6
D. Direct Costs.....	7
E. Allowable and Unallowable Costs.....	7
1. Allowable Costs	7
2. Unallowable Costs	9
F. Non-Routine Medical/Dental and Miscellaneous Expenses.....	10
1. Non-Routine Medical/Dental Expenses.....	10
2. Miscellaneous Expenses	12
G. Indirect Costs.....	12
H. Offsetting Reimbursements and Applicable Credits	13
III. COMPLETING THE DJR COMPUTATION FORM	14-21
IV. INSTRUCTIONS FOR COMPLETING THE PRIOR RATE ESTIMATE ADJUSTMENT SCHEDULE FY2004/05 (A).....	22-25
V. PAROLE REVOCATION HEARING RATE	26
A. Parole Revocation Hearing Rate	26
B. Annual Hearing Rate Proposal	26
1. Request for Extension.....	26

C. Parole Revocation Hearing – Hourly Rate Calculation.....	26
1. Average Hourly Deputy Sheriff Wage	27
2. Utility Cost for Hearing Room	27
D. Parole Revocation Hearing – Flat Hearing Rate Calculation.....	27
E. Parole Revocation Hearing Rate Cost Package Requirements	27
F. Relationship Between the Parole Revocation Hearing Rate the Daily Jail Rate.....	28
VI. CDC CLAIMS PROCESSING.....	29
A. Authority	29
B. Limitations.....	29
C. Claim Submittal.....	29
1. Region I.....	30
2. Region II	31
3. Region III	31
4. Region IV.....	31
5. Camps	32
D. Billing Rate.....	32
E. Invoice Forms and Instructions	33
F. CDC Form Instructions – Monthly Invoices.....	33
1. CDC 2127—Monthly Invoice: Parole Hold and Detention Programs	33
2. CDC 2128—Register of Participation: Parole Hold and Detention	34
Programs	
3. CDC 2129—Monthly Invoice: Parole Revocation Hearings.....	35
4. CDC 2130—Register of Participation: Parole Revocation Hearing.....	35
5. CDC 2148—Monthly Invoice for Non-Routine Medical	36
G. CDC Consolidated Amended Invoices.....	36
1. CDC 2131-B—Parolee/Inmate Detention	37
2. CDC 2131-D—Revocation Hearings	37
H. Offsets Against Claims.....	38

VII. CYA CLAIMS PROCESSING.....	39
A. Authority	39
B. Limitations.....	39
C. Claim Submittal.....	39
D. Billing Rate.....	40
E. Invoice Forms and Instructions	41
F. CYA Monthly Invoice Forms and Instructions.....	41
1. CDC 2138-A (Form CY 4.904)—CYA Detention Invoice and Participant Registration	41
G. CYA Consolidated Amended Invoices	42
1. CDC 2138-B—Consolidated Amended Invoice Ward Detention	42
2. CDC 2138-C—Consolidated Amended Invoice Ward Revocation Hearing	43
H. Offsets Against Claims.....	43
VIII. PROGRAM COMPLIANCE.....	44
A. Failure to Meet Minimum Jail Standards	44
B. Audits	44
APPENDICES.....	45-67
I. Penal Code Section, 3056	45
II. Penal Code, Section 4016.5	46
III. Welfare And Institutions Code, Section 1776	47
IV. Budget Act of 2004, Section 5240 D	48
V. State Administrative Manual, Section 8752, Full Cost Recovery Policy	49
VI. Glossary of Definitions	50-55
VII. Glossary of Acronyms	56
VIII. Common Problems.....	57-60
IX. Contact Information	61
X. Blank Forms.....	62

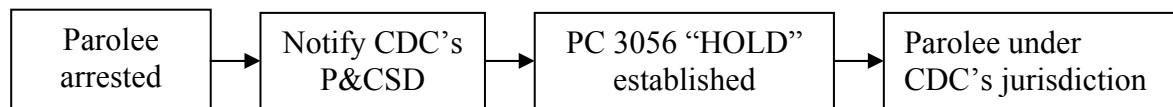
CALIFORNIA DEPARTMENT OF CORRECTIONS AND CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY

DAILY JAIL RATE MANUAL FOR REIMBURSEMENTS UNDER SECTION 4016.5 OF THE PENAL CODE AND SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE

I. INTRODUCTION

A. OVERVIEW OF LOCAL ASSISTANCE PROGRAM

When an individual is arrested by a local jurisdiction for a violation of law and identified as a California parolee, the California Department of Corrections (CDC), Parole and Community Services Division (P&CSD) should be notified and given the opportunity to place a Penal Code (PC) Section 3056 “Our Hold Only” (OHO). (See Appendix III, Penal Code Section 3056.) The OHO establishes that the parolee shall remain under the legal custody of the CDC and that the parolee is subject at any time to return to State custody. Once the parolee is cleared of local charges, and becomes eligible for release by the local jurisdiction, should the CDC elect to continue the OHO, the parolee becomes the financial responsibility of the CDC.



The OHO reimbursement process is managed under the CDC's Local Assistance Program (LAP), which provides for the temporary detention of parole violators in city and county jails (hereinafter counties) while awaiting parole revocation proceedings.

The CDC reimburses counties for:

1. Costs incurred for detaining State parolees on behalf of the CDC or the Board of Prison Terms, and
2. For the use of local facilities and staff to conduct parole revocation proceedings, referred to as Morrissey Hearings.

These costs are incorporated into a daily jail rate (DJR) that is unique to each jurisdiction and based on the jurisdiction's actual allowable detention expenses divided by the jurisdiction's average daily population from prior fiscal years.

$$\frac{\text{Total Allowable Detention Operating Costs}}{\text{Total Average Daily Population}} = \text{DJR}$$

Once the CDC approves a DJR for the county, the county bills the CDC for housing a State inmate.

DJR x CDC Inmate Bed Days = Reimbursement



NOTE: The California Youth Authority (CYA) uses the DJR established by the CDC for reimbursing counties for housing wards.

B. METHODOLOGY

The methodology used by counties to affect LAP reimbursements is outlined in this DJR Manual, and is subject to audit by the CDC's Fiscal Business Management and Audit Unit (FBMAU). (See Chapter VIII, Section B, Audits.)

RESPONSIBILITY	ACTION
CDC, P&CSD	<ul style="list-style-type: none"> Manage the Local Assistance Program.
County/City	<ul style="list-style-type: none"> Submit Cost Package Proposal to CDC's FBMAU. Once approved DJR received, bill CDC's Headquarters' Accounting Services Section (HASS) via CDC's Jail Liaison.
CDC, FBMAU	<ul style="list-style-type: none"> Review DJR Proposal, make necessary adjustments, and approve DJR. Notify county/city, CDC's HASS, CYA, and P&CSD of County's approved DJR. Conduct DJR Audits.
CDC, Jail Liaison	<ul style="list-style-type: none"> Verify that inmate is State inmate. Forward claims to HASS.
CDC, HASS	<ul style="list-style-type: none"> Process invoices and reimburse county.

C. POLICY

The PC Section 4016.5 (see Appendix II), pertaining to the CDC, and Welfare and Institutions Code (WIC) Section 1776 (see Appendix III), pertaining to the California Youth Authority, were enacted in July 1, 1975 to relieve cities and counties of the cost of detaining State parolees. PC 4016.5 requires that the CDC reimburse local jurisdictions for costs incurred as a result of State prisoner and parolee detention, and parole revocation proceedings, when the detention and/or proceedings relates to violations of conditions of parole and not new criminal charges. PC 4016.5 limits reimbursements to counties for costs incurred from detention to the same cost factors used by the CDC in determining the cost of prisoner care in State correctional facilities.

The Budget Act of 1993 established a maximum reimbursement amount for detaining an eligible inmate that can be paid by the State to \$59.00 per inmate per day; the maximum amount represented the average daily cost of housing a State inmate in a State correctional facility during that Fiscal Year (FY). To date, the cap remains in effect pursuant to the Budget Act (see Appendix IV).

Direct payments to cities and counties for costs incurred in the LAP Program and the Detention Program were authorized by Chapter 961, Statutes of 1984 [Assembly Bill (AB) 3545]. AB 3545 became effective on September 7, 1984 as an urgency statute.

AUTHORITY	REQUIREMENT	APPENDIX
PC Section 3056	<ul style="list-style-type: none"> Parolee subject to legal custody of CDC. 	I
PC Section 4016.5	<ul style="list-style-type: none"> CDC reimburse local jurisdictions for detention cost and parole revocation hearings. 	II
WIC Section 1776	<ul style="list-style-type: none"> CYA reimburse county detention facilities for housing parole violators. 	III
Budget Act	<ul style="list-style-type: none"> Maximum reimbursement for detention is \$59 per day per inmate. Claims be filed within six months after the end of the month in which the costs are incurred. Claims may not include booking fees. Claims are limited to detention costs for days that parolee is CDC's legal custody. Expenditures be charged to the fiscal year in which the claim is received by CDC, or the fiscal year in which the claim is warrant. 	IV
Chapter 961, Statutes of 1984 (AB 3545)	Direct payments to cities and counties for costs incurred in the LAP and Detention Program.	

II. DAILY JAIL RATE

A. DAILY JAIL RATE REQUIREMENTS

The CDC and CYA require that the city or county have an annually approved DJR for **each facility** in which State parolees or wards will be housed when invoicing for services pertaining to the detention of parole violators. A complete cost proposal is needed for each facility requiring an approved DJR. A DJR cost proposal need not be submitted for facilities that do not house State parolees or wards. Example: Honor Farm Facility as State parolees/wards are not housed in Honor Farms.

B. ANNUAL DAILY JAIL RATE PROPOSAL

The proposed DJR for Fiscal Year (FY) 2004/05 is based on actual costs and the average daily population (ADP) established for FY 2002/03.

ACTUAL FY	INTERIM FY	DJR FY
FY 02/03	FY 03/04	FY 04/05
❖ Actual costs and ADP statistics used in calculating the DJR for FY 04/05.	❖ No impact at this time. These costs and ADP statistics will be used in computing the FY 05/06 DJR.	❖ Current DJR due to CDC. Based on actual costs and ADP statistics from FY 02/03, and estimated increases or decreases from FY 02/03 to FY 04/05 for costs and ADP.

The methodology for the Annual DJR Proposal is intended to facilitate the use of data for a complete accounting cycle.

Cities and counties must submit one of the following for FY 2004/05 to the CDC no later than **March 1, 2004**:

1. DJR Proposal for FY 04/05 (based on actual data from FY 02/03);
2. Request for extension; or
3. Carry Forward Rate Request.

ANNUAL DAILY JAIL RATE PROPOSAL TIMELINE		
EVENT	ACTION REQUIRED	DUE
Increase/decrease in detention costs and/or services.	Cost package submittal	3/1/04
Increase/decrease in average daily population.	Cost package submittal	3/1/04
Extension needed to submit cost package.	Request for extension	3/1/04
Actual rate exceeds cap, despite material changes to costs and/or population.	Carry forward rate request, or Cost package submittal	3/1/04
No material changes to costs and/or population.	Carry forward rate request, or Cost package submittal	3/1/04

1. DJR PROPOSAL

Material increases or decreases to average daily population, detention operating costs, and/or detention services provided or requested for a DJR, require a DJR cost package proposal be submitted to the CDC by the cities and counties. The FY 2004/05 DJR proposal should be based on the actual cost and jail population verified for FY 2002/03.

Adequate documentation to support a request for a DJR is required. The documentation should be clearly footnoted and cross-referenced so that the amounts claimed on the DJR Computation Form can be traced to the source documentation.

The checklist located in Appendix X, Blank Forms, will assist counties in the preparation of a DJR by assuring that the necessary items are included with the DJR computation forms when submitted for review and approval.

For your convenience, the FY 2004/05 DJR Computation Form and DJR Checklist are available, and may be requested via an e-mail file attachment or 3.5 inch diskette.

In the event a city or county prefers an alternative DJR Proposal format, please provide sample documentation to the FBMAU for prior approval. Due to the volume of DJR Proposals reviewed by the FBMAU, all proposals submitted without a previously approved format will be returned unprocessed to the applicable jurisdiction.

2. REQUEST FOR EXTENSION

Applications for an extension to the FY 2004/05 DJR Proposal should be forwarded in writing to the FBMAU **prior to March 1, 2004**. Failure to establish an approved DJR will result in delayed payment of reimbursement claims and/or denial of amended invoices for retroactive rate adjustments. When requesting an extension, please include the anticipated completion date for the new DJR proposal. The FBMAU will review all extension requests and notify county of extended due date.

3. CARRY FORWARD RATE REQUEST

Cities and counties may elect to carry forward an approved DJR beyond the prescribed DJR approval date, provided there has been no significant variance to:

- ❖ Costs associated with the DJR calculation, and/or
- ❖ The average daily population.

As noted in Chapter VIII, Section B, Audits, the DJR is subject to audit by the FBMAU, including periods for which the DJR has been carried forward. Adjustments resulting from an audit and/or procedural desk review are applied retroactively to the applicable period of review, subject to Chapter VI, Section B, Limitations.

Jurisdictions electing to carry forward an approved DJR to FY 2004/05 must submit a carry forward request letter to the FBMAU prior to March 1, 2004. (See Appendix X, Blank Forms, for required format.) The FY 2004/05 DJR Carry Forward Rate Request Form Letter is available and may be requested via an e-mail file attachment or 3.5-inch diskette.

The following example illustrates a jurisdiction that has elected the carry forward option:

(Read the table from left to right.)

EXAMPLE OF JURISDICTION THAT CARRIES FORWARD PREVIOUSLY APPROVED DJR¹				
		ACTUAL YEAR	INTERIM YEAR (PRIOR YEAR)	CURRENT YEAR
	FY 01/02	FY 02/03	FY 03/04	FY 04/05
ACTION	\$59.00 rate approved by desk review. (Rate based on actual costs and ADP for FY 99/00.)	County elects to carry forward approved \$59.00 rate from FY 01/02.	County elects to carry forward approved \$59.00 rate from FY 01/02.	County submits cost package. County is selected for audit or a procedural desk review is conducted. Audit/review is based on actual year (FY 02/03) costs.
RESULT	This FY not subject to audit in this example. (Would have been subject to audit in FY 03/04, if selected for audit in that year.)	Audited/desk review rate is \$56.00 based on FY 04/05 audit or desk review. CDC will make necessary adjustments to future invoices.	Revised \$56.00 carry forward rate based on FY 04/05 audit/desk review. CDC will make necessary adjustments to future invoices ¹ .	Audit/desk review establishes revised rate of \$56.00 for FY 02/03. Audit/desk review findings applied to establish approved rate for FY 04/05.

¹ The county may apply the audited/desk review rate to FY 03/04 (Interim Year), or within 90 days, submit a complete cost package that incorporates the audit/desk review findings to the FY 03/04 rate calculation.



NOTE: The above-referenced option would apply whether a county was over-reimbursed or under-reimbursed.

C. APPROVAL OF THE PROPOSED DJR

The FBMAU reviews all DJR Proposals for compliance with the DJR Manual. Upon approval, FBMAU notifications are forwarded to the county/city and the appropriate State representatives.

D. DIRECT COSTS

INCLUDE ALL direct allowable and unallowable costs applicable to detentions only in the first section of the Daily Jail Rate Computation Sheet. Please ascertain that all unallowable direct costs are included in Lines 11 through 18 of the computation sheet. This procedure ensures that unallowable direct costs receive their proportionate share of overhead.

E. ALLOWABLE AND UNALLOWABLE COSTS

All costs, allowable and unallowable, must be supported by appropriate accounting records and source documentation. Allocated costs must be supported by documentation that indicates the methodology used for allocation. Documentation relied on by cities and counties for reimbursements related to the LAP and the Detention Program must adhere to Governmental “Generally Accepted Accounting Principles” (GAAP) as outlined by the American Institute of Certified Public Accountants, Government Accounting Standards Board.

1. ALLOWABLE COSTS

To be allowable, costs included in the DJR calculation must meet all of the following criteria:

- a. Be necessary and reasonable for the proper and efficient operation of the detention facility.
- b. Be allocable to the detention facility.
- c. Conform to the limitations and exclusions pursuant to the PC Section 4016.5 (pertaining to the CDC) and WIC Section 1776 (pertaining to the CYA), the DJR Manual, and other applicable State or local laws and regulations.

The following direct costs are allowable only if they pertain to the jail operations (see Appendix VI – Glossary of Definitions):

SALARIES, WAGES, AND BENEFITS, INCLUDING:	
Salaries	Permanent employees
	Temporary employees
	Overtime
	Differential pay
Benefits	Dental insurance
	Disability insurance
	FICA
	FICA Health Insurance
	Health insurance
	Life Insurance-Group
	Management Insurance
	Meal benefits if included in MOU between county/city and Union.

SALARIES, WAGES, AND BENEFITS, (Continued):	
	O.A.S.D.I.
	Retirement
	Staff benefits
	Unemployment Insurance
	Uniform allowance
	Worker's compensation
OPERATING COSTS, INCLUDING	
Automobile	Mileage
	Services and Supplies
Inmate Food Services	Dinning supplies
	Food costs
	Kitchen supplies
Personal	Clothing and personal supplies
	Travel
	Routine dental supplies
Household expenses	Bedding and Linen
	Paper products
	Laundry services and supplies
	Dry cleaning
Maintenance	Equipment
	Automobile
	Buildings
	Grounds
	Office, computer, printing and Lektreiver equipment
	Safety equipment
	Building supplies
Custodial	Cleaning expenses
	Janitorial supplies
Office Expenses	Postage
	Duplicating, printing
	Film
	Supplies
Training	POST
	STC
	All costs associated with maintaining Officer standards
Utilities	Refuse collection
	Water
	Sewage
	Electricity

OPERATING COSTS (Continued)	
Publications	Books
	Subscriptions
	Legal notices
	Periodical publications
Professional and Special Services	Data processing
	Memberships and dues
Insurance	General liability
	Malpractice
Medical	Laboratory services and supplies provided to all inmates
	Care provided to all inmates
	Pharmaceutical supplies
	Routine medical supplies
Leases/Rent	Equipment
	Real property (but not property leased or rented from the City, County, or State)
Equipment	Safety equipment
	Office furnishings (below capital threshold)
	Equipment (below capitalization threshold)
	Small tools and instruments
Communications	Telephones
	Radios
Transportation	Intra-County only (within county lines)

2. UNALLOWABLE COSTS

Consistent with the PC Section 4016.5 (see Appendix II) which requires that CDC reimburse cities or counties for jail services using "...the same cost factors as are utilized by the (California) Department of Corrections in determining the cost of prisoner care in State correctional facilities..." and with the State Administrative Manual (SAM) Section 8752, et seq., (see Appendix V) the costs listed below are unallowable when computing the city's or county's DJR.

Unallowable functions/costs generally are those that are for the benefit of the entire city or county rather than specifically for the LAP and/or Detention Programs.

The following are some of the characteristics of unallowable functions:

- ❖ The activity is legislative in nature.
- ❖ The activity produces benefits for jail programs, but not State inmates housed in the city/county facility; e.g., work furlough, home detention, etc.

- ❖ The activity is undertaken for the benefit of the entire city or county, or for the general public.
- ❖ The activity is a general function required to carry out the overall responsibilities of local government. Some examples of the above are: Board of Supervisors' review, advertising, salaries of elected officials, and donations.



NOTE: For questions whether a specific cost is allowable, the city or county should contact the FBMAU at (916) 358-2125 for approval prior to incurring the expense or including the expense in the DJR computation.

A list of unallowable costs is indicated below. An explanation of each cost is contained in Appendix VI, Glossary of Definitions.

UNALLOWABLE COSTS	
Booking costs, including classification costs	Equipment that meets or exceeds the county or city's capitalization policy
Capital assets	Facility lease or use costs
Commissary costs	Fines and penalties
Communications or radio services, outside of the jail facility	Insurable losses
Contingencies	Interest and other finance costs
Contributions and donations	Legal expenses
Depreciation costs	Meals for guests
Elected official's salaries	Non-routine medical expenses
Encumbrances	Transportation



NOTE: Unallowable costs must be included as both a direct cost and then removed as an unallowable direct cost on Lines 12-17 on the DJR Computation Schedule. This will ensure that the unallowable costs receive their proportionate share of indirect costs.

F. NON-ROUTINE MEDICAL/DENTAL AND MISCELLANEOUS EXPENSES

1. Non-Routine Medical/Dental Expenses:

Definition:

"Non-routine medical expenses" refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (e.g., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.).

Non-routine medical expenses are unallowable as a direct cost in the DJR calculation, and must be billed by the city or county directly to HASS, via the appropriate P&CSD Regional Headquarters Office. (See Chapter VI, CDC Claims Processing.)

Notification Requirements And Authorization For Treatment:

Please refer to Chapter VI, Claims Processing, for specific documentation requirements.

If a State parolee in the custody of the city or county requires non-routine medical care after being received, the city or county must provide verbal notification to the Unit Supervisor of the respective parole unit within 24 hours. Additionally, within three consecutive days of an emergency non-routine medical need, the city or county must provide written notice to the State for a determination whether to release the State's parole hold or remove said inmate from the care of the city or county. Notification shall be directed in writing to the appropriate Unit Supervisor.

The Unit Supervisor will immediately forward such notice, including the specific nature and level of medical services required, to the respective District Administrator.

The District Administrator shall forward pertinent details to the P&CSD Headquarters Health Care Coordinator for evaluation and disposition.

The District Administrator will communicate the final determination to the Unit Supervisor, who will be responsible for authorizing treatment and continuing a parole hold or removing the effected parolee from the city or county jail, as appropriate.

Non-routine medical needs of a non-emergency nature require written pre-authorization from the P&CSD, and shall be processed in a manner similar to that of an emergency medical need.

EVENT	RESPONSIBILITY	ACTION
Parolee in custody requires non-routine medical care.	City or county	Within 24 hours, must provide verbal notification to the Parole Unit Supervisor re: required medical care.
Parolee in custody requires emergency non-routine medical care.	City or county	Within three consecutive days, must provide written notice to the State re: emergency care.
Notification of non-routine medical care received.	Parole Unit Supervisor	Forward notice to the District Administrator.
Notification of non-routine medical care received.	District Administrator	Forward notice to P&CSD Health Care Coordinator for evaluation and disposition.
Final determination established as to whether to release parole hold or remove inmate from the care of the city or county.	District Administrator	Communicate determination to Parole Unit Supervisor.
Final determination communicated from District Administrator.	Parole Unit Supervisor	Either authorize treatment and continue parole hold, or remove parolee from city or county care.

2. Miscellaneous Expenses:

Invoices and required attachments which bill the CDC for any miscellaneous costs incurred on behalf of a parolee/inmate during authorized detention which are not covered by the DJR may be invoiced and billed to the CDC. (See Chapter VI, CDC Claims Processing.)

G. INDIRECT COSTS

Indirect costs (overhead) pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs.

Costs that may be included in this line item are:

1. Costs approved for the FY 2002/03 Indirect Cost Rate Proposal (ICRP) or County Wide Cost Allocation Plan (COWCAP).

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other allowable indirect detention costs (overhead) as defined in this Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, Office of the State Controller. Please note that all costs must be consistent with the requirements of PC Section 4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

The following indirect costs are allowable only in proportion to the jail operations:

INDIRECT COSTS	
Applicable Detention Overhead Costs	COWCAP costs approved for use in FY 02/03, including: <ul style="list-style-type: none"> ▪ The roll forward amount, and ▪ Less the building and equipment use costs.
	Any departmental or divisional applicable overhead costs, including: <ul style="list-style-type: none"> ▪ Salaries and benefits, and ▪ Services and supplies.
	Sheriff's Office expense, less: <ul style="list-style-type: none"> ▪ The Sheriff's salary and benefits

H. OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS:

Dual funding is not allowed. Reimbursements or funding from Federal, State or other sources must be used to offset costs incurred for programs related to PC Section 4016.5 or WIC Section 1776. The exception to this are reimbursements received from other agencies for their inmates, provided that:

1. The services provided for housing their inmates are similar to services for CDC inmates, and
2. Those inmates are included in the ADP count; e.g., reimbursement received from the Federal government for housing federal inmates.

All reimbursements for direct jail services must be offset against direct cost expenditures. Such offsetting reimbursements include, **but are not limited to:**

1. Training funds supported by a Federal or State program.
2. Parole revocation hearing reimbursements for direct jail expenses, such as security staff or jail utilities, but not for the reimbursement of costs incurred outside of the jail.
3. Transportation costs reimbursed by the Federal, State, or Local government through other approved programs.
4. Court security service reimbursements for direct jail expenses such as for security staff.
5. Other mandated cost reimbursements or offsetting grants applicable to costs claimed for the DJR.
6. Reimbursements received for services provided to other facilities such as laundry service, food service, etc.
7. Inmate medical co-payments.
8. Reimbursements from employees for food services, personal telephone calls, and witness fees.
9. Applicable credits refer to those receipts or reduction of expenditure-type transactions that reduce expense items included in the DJR calculation, to the extent that such revenues and credits are measurable and available for the city's or county's detention operation. Examples of such transactions are:
 - a. Purchase discounts.
 - b. Recoveries or indemnities on losses.
 - c. Insurance refunds or rebates.
 - d. Adjustments of overpayments or erroneous expenditures.
 - e. Rebates from vendors.

If credits and/or revenues reduce allowable DJR costs, they must be claimed as an offsetting reimbursement.

III. COMPLETING THE DJR COMPUTATION FORM

ACTUAL EXPENDITURES FOR FY 2002/03:

A. Lines 2 - 9

Include all **allowable** and **unallowable direct** costs for the jail facility. Deduct unallowable direct costs in lines 12-17.

1. **Line 2:**

Wages and Benefits - Use the FY 2002/03 actual costs for the jail facility (ies).

Attach:

- i. A copy of the expenditure report that lists the items and the amounts expended in salaries and benefits.
- ii. A listing by classification of the positions included in the salaries and benefits.

If salaries or benefits were allocated, attach:

- i. A worksheet showing the basis for the allocation, the actual percentages used and the dollar amount.
- ii. A copy of the actual expenditure reports even if the costs were allocated.

Identify any attachments as a footnote on the worksheet.



NOTE: Do not include any salaries or benefits for Administration in this line item. Administration is considered to be part of the Indirect Costs. Do not include any salaries or benefits for any elected officials, such as the Sheriff, as they are unallowable costs.

2. **Line 3**

Services and Supplies - Use the FY 2002/03 actual costs. Attach a copy of the expenditure report that lists the items and the amounts expended in services and supplies for the jail facility.

If services and supplies were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.

3. **Line 4**

Medical Costs – For the purpose of calculating the DJR, **include costs for both routine and non-routine medical costs**. Non-routine medical costs should be deducted in lines 12-17.

Attach a copy of the expenditure report that list the items and amounts expended for medical costs. If there is a medical contract with another agency to provide routine medical care for the jail facility, submit a copy of the contract. Ensure that the contractor provides an expenditure report classifying routine and non-routine medical services as defined in this manual.

If medical costs were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.

4. **Line 5**

Equipment Purchases - If equipment purchases were listed separately from services and supplies, follow the same requirements as for services and supplies above. Identify any attachments as a footnote on the worksheet. **Equipment defined as capital assets by the county/city's capitalization policy are unallowable.** Include a copy of the capitalization policy and a complete description of each capital asset, including the cost.

5. **Lines 6 - 9**

Other Direct Costs - List any other direct costs separately and explain them in a footnote. Include only costs directly attributed to the jail facility (ies).

If other direct costs were allocated, be sure to include a worksheet showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheet.



NOTE: Do not include any costs charged to Administration in this line item. Administration costs are considered to be part of the Indirect Costs.

B. Line 10

Total Direct Costs - Enter the sum of the costs from lines 2-9.

C. Lines 12 - 17

Less: Unallowable Direct Costs - List any unallowable direct costs that are included in Direct Costs (e.g., booking costs, non-routine medical costs, or radio service outside the jail facility (ies)).

D. Line 18

Total Unallowable Direct Costs - Add together lines 12-17.

E. Line 19

Allowable Direct Costs - Subtract line 18 from line 10.

F. Line 20

Or Other Basis - If the city or county uses another method to determine Allowable Direct Costs, a detailed explanation and documentation must be provided. Identify any attachments as a footnote on the worksheet.

G. Line 21:

Indirect costs (overhead) pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs.

Costs that may be included in this line item are:

1. Costs approved for the FY 2002/03 Indirect Cost Rate Proposal (ICRP) or County Wide Cost Allocation Plan (COWCAP).

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other allowable indirect detention costs (overhead) as defined in this Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, Office of the State Controller. Please note that all costs must be consistent with the requirements of PC Section 4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

H. Line 22

Allow Dir/Total Dir - This percentage is obtained by dividing the allowable direct costs by the total direct costs. Divide the amount on line 19 by the amount on line 10: enter the result on line 22 as a percentage with two decimal places.

I. Line 23

Allowable Indirect Costs - Multiply the value on line 21 by the percentage on line 22.

J. Line 24

Total Expenditures - This is the total FY 2002/03 program expenditures. Add lines 19 and 23 or lines 20 and 23.

K. Line 26 - 30

Less: Offsetting Reimbursements and Applicable Credits - Costs already reimbursed or funded from Federal or State government or other sources, cannot be reimbursed again under PC Section 4016.5 or WIC Section 1776. **Dual funding is not allowable.** (See exception, Chapter II, Section H.)

L. Line 31

Total Offsetting Reimbursements and Applicable Credits - Add together values from lines 26-30.

PROJECTED EXPENDITURES FOR FY 2004/05:**M. Line 32**

Allowable Costs - This is the total allowable FY 2003/04 program expenditures; subtract line 31 from 24.

N. Line 33

Allowable Costs (FY 2002/03) - The value amount on line 32 is carried forward.

O. Line 34

Estimated 2-Year % Cost Increase/Decrease - The types of costs used to calculate the two-year percentage cost increase/decrease **must be the same types of costs used to calculate the DJR in order to avoid excessive retroactive adjustments.** (See Chapter II, Section E, Allowable and Unallowable Costs.) The method used must be reasonable and supported by documentation that includes an explanation describing how the two-year percentage cost increase/decrease was determined. Report the percentage with two decimal places.

Proposed formulas:

1. Allowable budgeted costs for FY 2003/04 divided by actual costs for FY 2001/02, less 1.
2. Allowable budgeted costs for FY 2003/04 divided by actual costs for FY 2002/03, less 1, then multiplied by 2.

P. Line 35

Amount of Estimated 2-Year Increase/Decrease - Multiply the amount on line 33 by the percentage on line 34.

Q. Line 36

Total Allowable Costs for FY 2004/05 Rate Computation - Add lines 33 and line 35.

R. Line 37

Reported Average Daily Jail Population - Attach a copy of the monthly average daily jail population (ADP) for FY 2002/03 for the jail facility, or a copy of the official city or county document where this population figure appears. Report the ADP with two decimal places.

S. Line 38

Calendar Days - Enter the total number of days in FY 2002/03: 365.

T. Line 39

Total Projected Jail Population - Multiply value on line 37 by the value on line 38.

U. Line 40

Estimated 2 Year % Population Increase/Decrease - Enter the estimated percentage increased/decreased jail population for FY 2004/05. Provide documentation substantiating the expected jail population for FY 2004/05, such as a court order reducing the jail population, etc. The method used must be reasonable and supported by documentation that includes the methodology used in determining the two-year population increase/decrease. Report this percentage with two decimal places.

Proposed formulas:

- 2002/03 ADP minus 2000/01 ADP equals ____ divided by 2000/01 ADP.

Example:

FY 2002/03 ADP	_____	(1)
- FY 2000/01 ADP	_____	(2)
= Change	_____	(1) - (2) = (3)
% Population Incr./Decr.	_____	(3) / (2)

2. Average increase/decrease over past five years.

Example:

FY	98/99	99/00	00/01	01/02	02/03
ADP	1,417	1,479	1,586	1,474	1,110
		-1,417	-1,479	-1,586	-1,474
Change		62	107	-112	-364
Incr/Decr		4.38%	7.23%	-7.06%	-24.69%
Average Increase/Decrease (-20.14% divided by 4)					-5.04%
Multiply by 2 for two-year estimate					-10.08%

The FBMAU recommends using the more conservative estimate that best reflects the ADP trend in the facility in order to avoid large fluctuations in the rate paid.

V. Line 41

Estimated FY 2004/05 Jail Population - Multiply the value on line 39 by the percentage on line 40, then add the result to the amount shown on line 39.

W. Line 42

Daily Jail Rate (FY 2004/05) - Divide value on line 36 by the value on line 41.



NOTE: The \$59.00/day cap for detention costs established in the Budget Act of 1993 remains in effect pursuant to the Budget Act of 2004. Please be advised that the control language previously established by the Budget Act of 1993 may be subject to change in the Budget Act of 2005.

FISCAL YEAR 2004/05

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:	
ACTUAL EXPENSE FOR: FY 2002/03		REPORTED COSTS	REFERENCE
1	DIRECT COSTS: (Allowable and Unallowable)		
2	Wages and Benefits		
3	Services and Supplies		
4	Medical Costs (Routine and Non-Routine)		
5	Equipment Purchases (Non-capitalized)		
6			
7			
8			
9			
10	Total Direct Costs		Total of Lines 2 through 9
11	LESS: Unallowable Direct Costs		
12	Booking Costs		
13	Non-Routine Medical Costs		
14	Communication Costs (outside of the jail facility)		
15			
16			
17			
18	Total Unallowable Direct Costs		Total of Lines 12 through 17
19	ALLOWABLE DIRECT COSTS		Line 10 less Line 18
20	Or Other Basis		
21	INDIRECT COSTS		
22	Allow Dir/Total Dir Equals The Allowable % of Indir Costs	%	Line 19 divided by Line 10
23	ALLOWABLE INDIRECT COSTS		Line 21 multiplied by Line 22
24	TOTAL EXPENDITURES		Line 19 plus Line 23 or Line 20 plus Line 23
	LESS:		
25	Offsetting Reimbursements & Applicable Credits		
26	STC		
27	POST		
28	Transportation		
29	Morrissey		
30			
31	TOTAL: Offsetting Reimbursements & Applicable Credits		Total of Lines 26 through 30
32	ALLOWABLE COSTS		Line 24 less Line 31

FISCAL YEAR 2004/05

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:
PROJECTED EXPENDITURES FOR: FY 2004/05	REPORTED COSTS	REFERENCE
33 Allowable Costs (FY 2002/03)		From Line 32 on Page 1
34 Estimated 2 Year % Cost Increase/Decrease	%	See Manual, Chapter III
35 Amount of Estimated 2 Year Increase/Decrease		Line 33 multiplied by Line 34
36 TOTAL ALLOWABLE COSTS FOR FY 2004/05 RATE COMPUTATION		Line 33 plus Line 35
FISCAL YEAR 2004/05		
	Requested	
37 Reported Average Daily Jail Population (FY 2002/03)		See Manual, Chapter III
38 Calendar Days (FY 2002/03)	365	
Total Projected Jail Population (FY 02/03)		Line 37 multiplied by Line 38
40 Estimated 2 Year % Population Increase/Decrease	%	See Manual, Chapter III
41 Estimated FY 2004/05 Population		(Line 39 x Line 40) + Line 39
42 DAILY JAIL RATE (FY 2004/05)	Do Not Exceed \$59.00	Line 36 divided by Line 41

IV. INSTRUCTIONS FOR COMPLETING THE PRIOR RATE ESTIMATE ADJUSTMENT SCHEDULE FY 2004/05(A)

As in prior years, the city or county may use the Prior Rate Adjustment Schedule to adjust the reimbursements received for detention costs for FY 2002/03.

If the city or county was overpaid, collection by CDC will be made from the first few months' invoices paid in FY 2004/05. If the city or county was underpaid, the city or county should submit CDC 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention (see Appendix X, Blank Forms), with the corrected DJR rate for FY 2002/03 as calculated below:

A. Line 1

Total Allowable Costs for Fiscal Year (FY) 2002/03 - Enter the value on line 33 of the DJR Computation Schedule for **FY 2004/05**.

B. Line 2

Average Daily Population in FY 2002/03 - Enter the value on line 37 of the DJR Computation Schedule for **FY 2004/05**.

C. Line 3

Total Calendar Days in FY 2002/03 - Enter the total number of days in **FY 2002/03**: 365.

D. Line 4

Total Actual Inmate Days in FY 2002/03 - Multiply the value on line 2 by the value on line 3 and enter the amount.

E. Line 5

Corrected DJR Rate approved for FY 2002/03 - Divide the value on line 1 by the value on line 4 above.

F. Line 6

Daily Jail Rate approved for this facility for use in FY 2002/03 - Enter the DJR approved by CDC for FY 2002/03 as shown on line 42 of the approved DJR Computation Schedule for **FY 2002/03**.

G. Line 7

Difference - Subtract the value of line 5 above from the value of line 6 above.

If the DJR on Line 5 is under the \$59.00 cap, and is less than Line 6, the city or county was overpaid for FY 2002/03 invoices. CDC will collect the overpayment from future invoices.

If the DJR on Line 5 is under the \$59.00 cap, and is greater than Line 6, the city or county was underpaid for FY 2002/03 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDC for the difference.

If the DJR on Line 5 is \$59.00 or more, and Line 6 is less than \$59.00, the city or county was underpaid for FY 01/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDC for the difference. Underpayment will be based on the difference between \$59 and Line 6.

If the DJR on Line 5 is \$59.00 or more, and Line 6 is equal to \$59.00, there will be no adjustments made. The cap of \$59.00 placed on DJR rates, as established by the Budget Act of 1993, remains in effect.

FISCAL YEAR 2004/05

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:	
PRIOR RATE ESTIMATE ADJUSTMENT		Sched. 2004/05 A	
DESCRIPTION OF ITEM		REPORTED AMOUNT	REFERENCE
1	TOTAL ALLOWABLE COSTS FOR FISCALYEAR (FY) 2002/03		From Line 33 of DJR Computation Schedule for FY 2004/05
2	AVERAGE DAILY POPULATION IN FY 2002/03		From Line 37 of DJR Computation Schedule for FY 2004/05
3	TOTAL CALENDAR DAYS IN FY 2002/03	365	
4	TOTAL ACTUAL INMATE DAYS IN FY 2002/03		Line 2 x Line 3
5	CORRECTED DJR FOR FY 2002/03		Line 1 Divided by Line 4
6	DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2002/03		From Line 42 of CDC's Approved DJR Computation Schedule for FY 2002/03
7	DIFFERENCE		Line 5 less Line 6
<p>If the DJR on Line 5 is under \$59, and is less than Line 6, the county/city was overpaid for FY 2001/02 invoices. CDC will collect the overpayment from future invoices.</p> <p>If the DJR on Line 5 is under \$59, and is greater than Line 6, the county/city was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is less than \$59, the city or county was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference. Underpayment will be based on the difference between \$59 and Line 6.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is equal to \$59, there will be no adjustments made. The cap of \$59 placed on DJRs as established by the Budget Act of 1993, remains in effect.</p>			

FISCAL YEAR 2004/05

DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME	Prepared By:
<u>Explanations of Adjustments:</u>	
<div></div>	

V. PAROLE REVOCATION HEARING RATE

A. PAROLE REVOCATION HEARING RATE

Cities and counties may bill the State for parole revocation (Morrissey) hearings (PRHR). The billing rate may include security services provided and hearing room charges, including the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc. Billings may be computed on an hourly or per hearing basis. The charge for security services should be the average hourly wage for a deputy sheriff (DS)/security personnel. The use of overtime for security staff required at parole revocation hearings should be avoided whenever possible. However, when necessary, overtime can be billed.

Average Hourly Security Personnel (DS) Wage + Utility Cost for Hearing Room = PRHR

B. ANNUAL HEARING RATE PROPOSAL

The parole revocation hearing rate proposal must be submitted annually and shall include cost detail from the most current fiscal year; i.e., the PRHR Proposal for FY 04/05 is based on actual costs for FY 03/04.

Hearing rate proposals are due to the FBMAU between September 1 and January 1 for the upcoming fiscal year. Early submissions are encouraged.

Supporting documentation for claimed expenditures must accompany all hearing rate proposals. In the absence of complete documentation, the PRHR Proposal will be denied by the FBMAU pending receipt of additional documentation.

ANNUAL PAROLE REVOCATION HEARING RATE PROPOSAL		
EVENT	ACTION REQUIRED	DUE
Increase/decrease in salaries and benefits of deputy sheriff (security personnel) and/or hearing room utility costs.	Hearing Rate Cost package submittal	1/1/05
Extension needed to submit hearing rate package.	Request for extension	1/1/05

1. REQUEST FOR EXTENSION

A city's or county's request to extend the January deadline must be in writing and received by the FBMAU no later than January 1. All requests for a time extension shall state the reason(s) for said time extension and anticipated completion date for the hearing rate proposal. A determination whether to grant the time extension shall be at the sole discretion of the FBMAU.

C. PAROLE REVOCATION HEARING - HOURLY RATE CALCULATION

If using the hourly rate, add the rate for security personnel plus the hearing room charge to equal the hourly parole revocation hearing rate.

1. AVERAGE HOURLY DEPUTY SHERIFF WAGE (SECURITY PERSONNEL)

If the employment benefit package for the deputy sheriff includes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends))
= Average hourly wage

If the employment benefit package for the deputy sheriff excludes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)
÷ (8 hours/day x number of working days for applicable period (365 less weekends, vacation and other leave days))
= Average hourly wage

2. UTILITY COSTS FOR THE HEARING ROOM

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. Determine the utilities cost rate by applying the following formula:

- a. Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- b. Divide the utility cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the utility cost per hour.

D. PAROLE REVOCATION HEARING - FLAT HEARING RATE CALCULATION

If using a flat hearing rate, multiply the hourly rate by the average duration of a hearing. The average time per hearing must be based on actual records kept for each hearing. The records should specify the parolee, and length and location of the hearing. Include the supporting records when submitting the proposed rate.

E. PAROLE REVOCATION HEARING RATE COST PACKAGE REQUIREMENTS

Include the following in the PRHR Cost Package:

1. A copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff/security personnel.

2. A copy of the applicable portion of the Memorandum of Understanding (MOU) or contract between the city or county and union that lists the employee benefits for the deputy sheriff.
3. A copy of the expenditure report that lists the applicable utility charges used in the PRHR calculation.
4. All workpapers documentation how the PRHR was calculated.

F. RELATIONSHIP BETWEEN THE PAROLE REVOCATION HEARING RATE AND THE DAILY JAIL RATE

Reimbursement for parole revocation hearings should be reported in the “Offsetting Reimbursement” section of the Daily Jail Rate (DJR) computation schedule. Include a copy of the revenue report or general ledger that indicates the total amount received for the parole revocation hearing reimbursements within the applicable fiscal year. (Do not include anticipated revenue for amounts billed CDC but not yet paid.)



NOTE: The DJR computation schedule reports actual direct costs, indirect costs and offsetting reimbursements from two years prior; therefore, the offsetting PRHR revenues received from FY 02/03 need to be claimed on the FY 04/05 DJR Computation Schedule.

VI. CDC CLAIMS PROCESSING

A. AUTHORITY

Under PC Section 4016.5 and WIC Section 1776, the State shall pay the cities or counties for costs incurred resulting from the detention of State parolees or wards on a monthly basis until the appropriation is expended.

If the budget appropriations for PC Section 4016.5 and WIC Section 1776 become inadequate during the current fiscal year, invoices will be held until a new or increased appropriation is approved. At such time, approved claims will be scheduled for payment in the chronological order received, with the most current approved claims taking precedence. Delays in the reimbursement of invoices may occur if the latest approved DJR has not been updated for the current FY.

B. LIMITATIONS

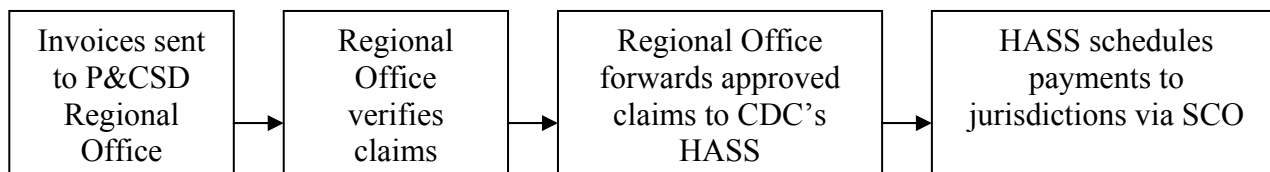
Claims for reimbursement must be submitted monthly to CDC by the city or county within 45 days of the month in which the services are provided. As specified in the Governor's Budget Act, claims must be submitted for reimbursement within six months after the end of the month in which the costs are incurred.

Amended invoices for retroactive rate adjustments to original claims are exempt from this six months' limitation when resulting from a CDC audit or an annual DJR Proposal submitted to the CDC's FBMAU by the March 1st deadline.

C. CLAIM SUBMITTAL

Claims for services provided to the CDC or the CYA shall be submitted **monthly in triplicate**, to the appropriate P&CSD Regional Office or camp administrator (see Regional information following), using the applicable invoice and Register of Participation forms found in this manual.

The Regional Office will review the claims to verify that the charges are only for CDC parolees. Any questions shall be directed to the submitting city or county for resolution. After the Regional Office approves the claims, they will be forwarded to CDC Headquarters Accounting Services Section (HASS) for scheduling of payment by the State Controller's Office (SCO).



For each LAP and Detention Program, submit a separate invoice and a Register of Participation form per month clearly identifying each program. (A monthly invoice may not include charges for detention for the preceding month even if the detention was continuous to the current month.)

Claims submitted with incomplete or missing information (i.e., missing inmate identification number) will be returned for proper completion and will have to be resubmitted.

A computer produced “print-out” of monthly invoices and/or the Register of Participation consistent with the procedures in this manual are acceptable. Any proposed changes to this monthly invoice format resulting from the implementation of a computerized billing system requires **prior approval** from the Headquarters Accounting Services Section. Send all inquiries to:

California Department of Corrections
Headquarters Accounting Services Section
P.O. Box 187018
Sacramento, CA 95818-7018
Phone: (916) 324-8789

Claims described in this section shall be submitted by the city or county to the CDC on a monthly basis within 45 days of the month in which the services are provided.

Monthly submittal of invoices is encouraged in order to facilitate timely reimbursement of claims, and to assist the CDC when requesting funding for Local Assistance Programs.

CLAIM SUBMITTAL	
WHEN	Submit monthly within 45 days of the month in which the services are provided.
HOW	<ul style="list-style-type: none"> ❖ In triplicate, per month, per program, accompanied by Form CDC 2129--Register of Participation: Parole Hold and Detention Programs. ❖ Billing rate used must be the last approved rate on file. ❖ Do not include the last day the State inmate was in custody.
WHERE	Invoices must be sent to appropriate P&CSD Regional Office. (See Region information following.)

1. REGION I

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo and Yuba counties:

Send invoices to: California Department of Corrections
Parole and Community Services Division
9825 Goethe Road, Suite 200
Sacramento, CA 95827-2572
Phone: (916) 255-2758
Fax: (916) 255-2754

2. REGION II

Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma and Ventura counties:

Send invoices to: California Department of Corrections
Parole and Community Services Division
1515 Clay Street, Tenth Floor
Oakland, CA 94612
Phone: (510) 622-4701
Fax: (510) 622-4720

3. REGION III

Los Angeles County

Send invoices to: California Department of Corrections
Parole and Community Services Division
320 W. 4th Street, Suite 1000
Los Angeles, CA 90013-1105
Phone: (213) 576-6500
Fax: (213) 620-6488

4. REGION IV

Imperial, Orange, Riverside, San Bernardino and San Diego counties:

Send invoices to: California Department of Corrections
Parole and Community Services Division
21015 Pathfinder Road, Suite 200
Diamond Bar, CA 91765
Phone: (909) 468-2300
Fax: (909) 468-2398

5. CAMPS

The counties affected are those that incarcerate parolees from any of the following CDC camps:

Conservation Camp Name	Conservation Camp Number	Camp Name	Camp Number
Acton	11	Julius Klein	19
Alder	20	Konocti	27
Antelope	25	Malibu	13
Baseline	30	McCain Valley	21
Bautista	36	Miramonte	5
Chamberlain Creek	17	Mount Glenson	16
Cuesta	24	Mountain Home	10
Deadwood	23	Norco	39
Delta	8	Oak Glen	35
Devil's Garden	40	Owens Valley	26
Ed River	31	Parlin Fork	6
Fenner Canyon	41	Pilot Rock	15
Francisquito	4	Prado	28
Gabilan	38	Puerta La Cruz	14
Growlersburg	33	Rainbow	2
High Rock	32	Salt Creek	7
Intermountain	22	Sugar Pine	9
Ishi	18	Trinity River	3
Vallecito	1		
Valley View	34		

Send CDC invoices in triplicate to the following applicable facility indicated by the camp:

Associate Warden, Camps
California Correctional Center
or
711-045 Center Road
P.O. Box 790
Susanville, CA 96127-0790
(530) 257-2181
Fax: (530) 257-6508

Associate Warden, Camps
Sierra Conservation Center
5100 O'Byrnes Ferry Road
P.O. Box 497
Jamestown, CA 95327
(209) 984-5291
Fax: (209) 984-3607

D. BILLING RATE

The billing rate used for an invoice shall be the latest approved DJR for each city or county facility. An approved DJR, **for a new jail facility**, must be on file with the CDC before the city or county can be reimbursed for holding parolees or wards in that new jail facility.

Since the State parolee usually is in custody for only a part of the first day and a part of the last day, the city or county will be reimbursed for the first day **only**, and not the last.

Claims may continue to be submitted without an approved DJR for the new FY, beginning July 1st of each year.

Subject to the limitations as noted above, the city or county may submit invoices for payment for the current FY using the last approved DJR on file prior to receiving an approved current year DJR. Once the current year DJR is approved, the city or county should submit one consolidated amended invoice for all of the current FY invoices that have been paid at the lower prior year approved DJR. Use CDC forms 2131-B and 2131-D, entitled “Consolidated Amended Invoice,” which are included in this manual.

If the approved current year DJR is less than the prior year DJR, the CDC Headquarters Accounting Services Section will consolidate and amend the previously paid invoices and deduct the overpayment from any future invoices until the overpayment is collected.

E. INVOICE FORMS AND INSTRUCTIONS (SEE APPENDIX X, BLANK FORMS)

CDC FORM INDEX		
FORM	TITLE	USE
CDC 2127	Monthly Invoice: Parole Hold and Detention Programs	Used to invoice for the LAP and Detention Program.
CDC 2128	Register of Participation: Parole Hold and Detention Programs	Must be submitted with each CDC invoice for the LAP or detention programs to substantiate and verify the number of parolee or ward days for which costs are claimed.
CDC 2129	Monthly Invoice: Parole Revocation Hearings	Used to invoice for the parole revocation hearings.
CDC 2130	Register of Participation: Parole Revocation Hearing	Used to substantiate and verify claims for parole revocation hearings.
CDC 2131-B	Consolidated Amended Invoice: Parolee and Inmate Detention	Used to seek payment for prior FYs under-reimbursed DJRs.
CDC 2131-D	Consolidated Amended Invoice: Revocation Hearings	Used to seek payment for prior FYs under-reimbursed PRHRs.
CDC 2148	Monthly Invoice for Non-Routine Medical	Used to invoice for miscellaneous and non-routine medical services.

F. CDC FORM INSTRUCTIONS – MONTHLY INVOICES

1. CDC 2127--MONTHLY INVOICE: PAROLE HOLD AND DETENTION PROGRAMS

Used for the LAP and Detention Program cases.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The jail/detention facility’s name and address;
- c. The appropriate P&CSD Regional or District Office;

- d. The total number of LAP and detention days combined (from the Register of Participation);
 - e. The approved rate;
 - f. The total amount requested (total number of participant days multiplied by the approved rate);
 - g. The signature and title of the city or county representative;
 - h. The date the invoice was signed by the city or county representative;
 - i. The signature and title of the P&CSD representative; and
 - j. The date the invoice was signed by the P&CSD representative.
2. CDC 2128--REGISTER OF PARTICIPATION: PAROLE HOLD AND DETENTION PROGRAMS

Must be submitted with each CDC invoice for the LAP or detention programs to substantiate and verify the number of parolee or ward days for which costs are claimed.

If a column does not apply to a participant, leave the column blank, otherwise include:

- a. Booking Number: Enter booking number assigned to parolee or ward by the city or county jail.
- b. Name: Enter the parolee or ward name. Using legal name as used by the CDC, enter the last name then first name.
- c. CDC Identification Number: Enter the CDC identification number that the parolee received when he or she originally entered a State institution and which he or she retains while on parole.
- d. Release or Continuation: Enter "R" if the parolee or ward is being released from the program this month. Enter "C" if the parolee or ward is continuing in the program next month.
- e. Date Hold Placed: Enter the date the CDC exercised its authority under Penal Code Section 3056 and detained a parolee in a city or county jail (LAP); or the date the CDC placed the parolee in a city or county jail under the authority of Penal Code Section 830.5 (Detention). If the date of LAP or Detention started prior to the invoice period, enter the first date of the invoice period.
- f. Date New Criminal Charges Begin: Enter the date that new criminal charges were filed against the parolee.
- g. Date New Criminal Charges End: Enter the date the new criminal charges were dismissed, dropped, or the date the sentence resulting from the new charges was completed.
- h. Number of Days on Criminal Charges: Enter the difference between the date new criminal charges were filed and the date the charges were dismissed, dropped, or sentence completed. Include the first, but not the last, day the parolee was charged.

If the date new criminal charges were filed is prior to the invoice period, enter the difference between the first day of the invoice period and the date the charges were dropped, dismissed, or sentence completed.

If the charges have not been dismissed, dropped, or sentence completed during the invoice period, enter the difference between the date new criminal charges were filed and the last day of the invoice.



NOTE: When the parolee or ward is continuing in the program a “C” should be indicated in column four (4).

- i. Date Hold Released: Enter the date the CDC withdrew its authority under Penal Code Section 3056 and the parolee was released (LAP ends) or the date that he or she was released from Penal Code Section 830.5 (Detention ends). If the LAP or Detention does not end during the invoice period, enter the first date of the next invoice period.
- j. Number of Days on Hold: Enter the difference between the date LAP or Detention started and the date LAP or Detention ended. Include the first, but not the last, day he or she was in the program.
- k. Number of Chargeable LAP Days: Enter the difference between the days on hold (LAP) or Detention and the days on new criminal charges.

3. CDC 2129--MONTHLY INVOICE: PAROLE REVOCATION HEARINGS

Used to invoice for parole revocation hearing reimbursements.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The facility's name and address where the hearings are held;
- c. The appropriate P&CSD Regional or District Office;
- d. The total number of hours or hearings, whichever the approved rate is based upon;
- e. The total amount to be paid (the number of hours or hearings multiplied by the approved rate);
- f. The signature and title of the city or county representative;
- g. The date the invoice was prepared by the city or county representative;
- h. The signature and title of the P&CSD representative; and
- i. The date the invoice was signed by the P&CSD representative.

4. CDC 2130-- REGISTER OF PARTICIPATION: PAROLE REVOCATION HEARING

Used to substantiate and verify claims for revocation hearing costs.

Include the following:

- a. Name: Enter the legal proper name as used by the CDC of the parolee for whom the revocation hearing was held.
- b. CDC Identification Number: Enter the CDC identification number that was assigned to the parolee when he or she originally entered a State institution.
- c. Date of Hearing: Enter the date that the hearing was held.
- d. Hours: Enter the number of hours that it took for each hearing. Forward the total number of hours to the cover invoice, if the approved rate is based on the hours of service.

- e. Cumulative Number of Hearings: Enter the number of hearings. Forward the cumulative total to the cover invoice, if the rate is based on the cost per hearing.

5. CDC 2148-- MONTHLY INVOICE FOR NON-ROUTINE MEDICAL

Used when invoicing for miscellaneous and non-routine medical/dental expenses provided for a State parolee while in custody pending parole revocation proceedings.

Include the following:

- a. Documentation identifying the specific nature and level of medical services provided, including appropriateness and associated expense (e.g., security and transportation);
- b. Emergency medical treatments must be supported by a statement from a licensed medical or dental professional describing the nature of the emergency, reasons for emergency services and itemized listing with cost for each service;
- c. A copy of any pre-authorization for non-emergency medical services must be attached to the invoice;
- d. Copies of any invoices received by the detaining agency from any outside vendor/service provider detailing the services provided must be attached to the invoice;
- e. The city or county address to where the State payment will be mailed;
- f. The appropriate P&CSD regional or district office;
- g. The facility's name and address where the expenses occurred;
- h. The total amount to be paid per facility and total amount requested;
- i. The signature, title, and telephone number of the city or county representative;
- j. The date the invoice was prepared by the city or county representative;
- k. The signature and title of the P&CSD representative; and
- l. The date the invoice was signed by the P&CSD representative.

G. CDC CONSOLIDATED AMENDED INVOICES

Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections
Headquarters Accounting Services Section
P.O. Box 187018
Sacramento, CA 95818-7018
(916) 324-8789

A copy of the Consolidated Amended Invoice should also be sent to the appropriate Regional Office or camp administrator for information purposes only.

Forms CDC 2131-B and CDC 2131-D are the Consolidated Amended Invoices to be used for under-reimbursements for Parolee/Inmate Detention and Parole Revocation Hearings respectively.

Upon receipt of a current DJR, CDC will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR or PRHR. Amended invoices for retroactive

rate adjustments to original claims are exempt from this six months' limitation when resulting from CDC initiated audits and annual DJR Proposals submitted to the CDC's FBMAU by the March 1st deadline.

Use forms CDC 2131-B and CDC 2131-D to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDC 2131-B), for parolee and ward detention invoices. Use the second page (CDC 2131-D), for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDC 2131-D).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

1. CDC 2131-B--PAROLEE/INMATE DETENTION (PAGE 1)

- a. Line 1:
 - i. Enter the new approved DJR for the current FY in Line 1, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
- b. Line 2:
Enter the (old) DJR that was used for processing these invoices.
- c. Line 3:
Enter the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).
- d. Lines 4-15:
Enter the number of inmate days that were billed for each month at the old DJR.
- e. Line 16:
Enter the total number of days claimed. (Total Lines 4 through 15).
- f. Line 17:
Enter the amount of parolee/inmate detention reimbursement requested. (Rate in Line 3 multiplied by number of days in Line 16).

2. CDC 2131-D--REVOCATION HEARINGS (PAGE 2)

- a. Line 35:
Enter the new approved parole revocation hearing rate for the current FY in Line 35, Column 3.

Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 35, Column 2.
- b. Line 36:
Enter the (old) revocation hearing rate that was used for processing these invoices.

- c. Line 37:
Enter the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
- d. Line 38-49:
Enter the number of parolee days that were billed for each month at the old revocation hearing rate.
- e. Line 50:
Enter the total number of parolee days claimed. (Add Lines 38 through 49).
- f. Line 51:
Enter amount of additional reimbursement requested for parole revocation hearings. (Multiply Line 37 by Line 50).
- g. Line 52:
Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

H. OFFSETS AGAINST CLAIMS

Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776 constrain the CDC and the CYA, respectively, from reimbursing a city or county when there are charges outstanding against the city or county for services provided by either department.

If the payment for such charges older than 45 days is not received before the invoices based on the DJR are completed, an offset adjustment would be necessary. The city or county will be notified and the older outstanding charges would be offset against the DJR reimbursement. Any net reimbursement would then be calculated and paid monthly.

VII. CYA CLAIMS PROCESSING

A. AUTHORITY

Under PC Section 4016.5 and WIC Section 1776, the State shall pay the cities or counties for costs incurred resulting from the detention of State parolees or wards on a monthly basis until the appropriation is expended.

If the budget appropriations for PC Section 4016.5 and WIC Section 1776 become inadequate during the current fiscal year, invoices will be held until a new or increased appropriation is approved. At such time, approved claims will be scheduled for payment in the chronological order received, with the most current approved claims taking precedence. Delays in the reimbursement of invoices may occur if the latest approved DJR has not been updated for the current FY.

B. LIMITATIONS

Claims for reimbursement must be submitted monthly to CYA by the city or county within 45 days of the month in which the services are provided. As specified in the Governor's Budget Act, claims must be submitted for reimbursement within six months after the end of the month in which the costs are incurred.

Amended invoices for retroactive rate adjustments to original claims are exempt from this six months' limitation when resulting from an audit or an annual DJR Proposal submitted to the CDC's FBMAU by the March 1st deadline.

C. CLAIM SUBMITTAL

Claims for services provided to the CYA shall be submitted **monthly in triplicate**, to the Accounting Office using the applicable invoice and Register of Participation forms found in this manual.

The Accounting Office will review the claims to verify that the charges are only for CYA parolees. Any questions shall be directed to the submitting city or county for resolution. After the Accounting Office approves the claims, they will be forwarded to the State Controllers Office (SCO) for scheduling of payment.

For each LAP and Detention Program, submit a separate invoice and a Register of Participation form per month clearly identifying each program. (A monthly invoice may not include charges for detention for the preceding month even if the detention was continuous to the current month.)

Claims submitted with incomplete or missing information (i.e. missing inmate identification number) will be returned for proper completion and will have to be resubmitted.

A computer produced "print-out" of monthly invoices and/or the Register of Participation consistent with the procedures in this manual are acceptable. Any proposed changes to this monthly invoice format resulting from the implementation of a computerized billing system require **prior approval** from the Accounting Office. Send all claims and inquiries to:

California Youth Authority
Accounting Office
4241 Williamsborough Drive, Suite 105
Sacramento, CA 95823
Phone: (916) 262-1419

Claims described in this section shall be submitted by the city or county to the CYA on a monthly basis within 45 days of the month in which the services are provided.

Monthly submittal of invoices is encouraged in order to facilitate timely reimbursement of claims, and to assist the CYA when requesting funding for the Local Assistance Program.

CLAIM SUBMITTAL	
WHEN	Submit monthly within 45 days of the month in which the services are provided.
HOW	<ul style="list-style-type: none"> ❖ In triplicate, per month, per program, accompanied by Form CDC 2138 (CYA 4.904)-- CYA Detention Invoice & Participant Registration ❖ Billing rate used must be the last approved rate on file. ❖ Do not include the last day the State ward was in custody.
WHERE	Invoices must be sent to CYA Accounting Office.

D. BILLING RATE

The billing rate used for an invoice shall be the latest approved DJR for each city or county facility. An approved DJR, **for a new jail facility**, must be on file with the CDC/CYA before the city or county can be reimbursed for holding parolees or wards in that new jail facility.

Since the State ward usually is in custody for only a part of the first day and a part of the last day, the city or county will be reimbursed for the first day **only**, and not the last.

Claims may continue to be submitted without an approved DJR for the new FY beginning July 1st of each year.

Subject to the limitations as noted above, the city or county may submit invoices for payment for the current FY using the last approved DJR on file prior to receiving an approved current year DJR. Once the current year DJR is approved, the city or county should submit one consolidated amended invoice for all of the current FY invoices that have been paid at the lower prior year approved DJR. Use CDC forms 2131-B and 2131-D, entitled "Consolidated Amended Invoice," which are included in this manual.

If the approved current year DJR is less than the prior year DJR, the Accounting Office will consolidate and amend the previously paid invoices and deduct the overpayment from any future invoices until the overpayment is collected.

E. INVOICE FORMS AND INSTRUCTIONS (SEE APPENDIX X, BLANK FORMS)

CYA FORM INDEX		
FORM #	TITLE	USE
CDC 2138-A (CYA 4.904)	CYA Detention Invoice & Participant Registration	Used to invoice for youthful parolee detentions.
CDC 2138-B	Consolidated Amended Invoice: Ward Detention	Used to seek payment for prior FYs under-reimbursed DJRs.
CDC 2138-C	Consolidated Amended Invoice: Ward Revocation Hearings	Used to seek payment for prior FYs under-reimbursed PRHRs.

F. CYA MONTHLY INVOICE FORMS AND INSTRUCTIONS**1. CDC 2138-A (FORM CY 4.904)--CYA DETENTION INVOICE & PARTICIPANT REGISTRATION**

Under WIC Section 1776, the State shall pay the cities or counties on a monthly basis for costs incurred resulting from the detention of State parole violators.

Used to invoice for youthful parolee detentions.

Complete the CYA detention invoice as follows:

- a. City or County: Enter the city or county name and address to where the State payment should be mailed.
- b. City or County Facility: Enter the name of the city or county facility where the parolee was detained.
- c. Inclusive Dates: Enter the beginning and ending dates of the invoice period. Only use calendar months and do not combine fiscal years on the invoice.
- d. Year: Enter the fiscal year.
- e. Name of Parolee: Enter the name of the parolee who is an alleged parole violator.
- f. CYA Number: Enter the CYA identification number that was assigned to the parolee when he or she was a State ward.
- g. Date CYA Hold Placed: Enter the date the CYA exercised its authority under Welfare and Institutions Code Sections 1753, 1755 or 1767.3.
- h. Date CYA Hold Released: Enter the date the CYA released its hold because new criminal charges were filed, the parolee was detained after a hearing, or he or she was released on parole.
- i. Days on LAP: Enter the difference between the date the hold was placed and the date the hold was released, excluding those days that new criminal charges were filed or charges were dropped, dismissed, or sentence completed. Include the first, but not the last, day of participation in determining number of days per detainee.
- j. Total Days: Enter the total number of detention days during which costs were incurred for housing a State detainee.
- k. Daily Rate: Enter the DJR.
- l. Total Cost: Multiply the total number of detention days by the approved CDC rate. This represents the total payment to be made to the city or county by the CYA.

- m. Signature: City or county representatives must sign the invoice before it will be paid.
- n. Title: Enter the title of the city or county representative who signed the invoice.
- o. Date: Enter the date the invoice was signed by the city or county representative.

G. CONSOLIDATED AMENDED INVOICES:

CDC 2138-B and CDC 2138-C are Consolidated Amended Invoices. Upon receipt of a current DJR, CYA will reimburse the city or county for its actual allowable costs for claims reimbursed at a different DJR.

Use forms CDC 2138-B and CDC 2138-C to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDC 2138-B) for ward detention. Use the second page (CDC 2138-C) for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDC 2138-C).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

1. CDC 2138-B, Consolidated Amended Invoice -Ward Detention (Page 1)
 - a. Line 1
 - i. Enter the new approved DJR for the current Fiscal Year (FY) in Line 1, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
 - b. Line 2

Enter the (old) DJR that was used for processing these invoices.
 - c. Line 3

Enter the amount of the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).
 - d. Line 4-15

Enter the number of ward days that were billed for each month at the old DJR.
 - e. Line 16

Enter the total number of days claimed. (Total Lines 4 through 15).
 - f. Line 17

Enter the amount of additional reimbursement requested for ward and parolee detention. (Multiply Line 3 by Line 16).

2. CDC 2138-C, CONSOLIDATED AMENDED INVOICE -WARD REVOCATION HEARING (PAGE 2)
 - a. Line 18
 - i. Enter the new approved ward revocation hearing rate for the current FY in Line 18, Column 3.
 - ii. Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 18, Column 2.
 - b. Line 19

Enter the (old) revocation hearing rate that was used for processing these invoices.
 - c. Line 20

Enter the amount of the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).
 - d. Lines 21-32

Enter the number of ward days that were billed for each month at the old revocation hearing rate.
 - e. Line 33

Enter the total number of ward days claimed. (Add Lines 21 through 32).
 - f. Line 34

Enter the amount of additional reimbursement requested for ward revocation hearings. (Multiply Line 20 by Line 33).
 - g. Line 35

Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

H. OFFSETS AGAINST CLAIMS

Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776 constrain the CDC and the CYA, respectively, from reimbursing a city or county when there are charges outstanding against the city or county for services provided by either department.

If the payment for such charges older than 45 days is not received before the invoices based on the DJR are completed, an offset adjustment would be necessary. The city or county will be notified and the older outstanding charges would be offset against the DJR reimbursement. Any net reimbursement would then be calculated and paid monthly.

VIII. PROGRAM COMPLIANCE

A. FAILURE TO MEET MINIMUM JAIL STANDARDS

Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776 require the CDC and the CYA to withhold all or part of the net reimbursements to a city or county whose jail facilities do not conform to minimum standards for local detention facilities, but only if the city or county is failing to make reasonable efforts to correct the differences. Consideration will be given to the resources available for such purposes. The Board of Corrections will make this determination. When the Board of Corrections notifies the departments of its determination, they will implement the partial or total withholds as instructed. Department staff will contact the city or county prior to the withholding of reimbursements.

B. AUDITS

The CDC or any duly authorized representative thereof shall have access to, and the right to examine, audit, excerpt and transcribe any books, documents, papers or records of the city or county which, in the opinion of the State, may be related or pertinent to the LAP, or the Detention Programs or the parole revocation hearings covered by the DJR, or the parole revocation hearing rate. Such material must be retained by the city or county for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are resolved.

A draft audit report will be issued to the city or county for review and comment. The city or county will have 30 days to submit written comments and supply additional source documentation for the auditor's consideration in preparing the final audit report. No additional source documentation will be accepted after the final audit report is issued.

The city or county has 30 days after it receives the final audit report to make a formal reply to the findings. The reply must indicate what action has been taken or is intended to be taken regarding each audit finding or recommendation. The reply to the final audit report will be reviewed by an Administrative Review Committee (ARC). This Committee consists of the Chief Financial Officer, Financial Management Office; the Deputy Director, Facilities and Business Management Division; and the Deputy Director, Parole and Community Services Division. The Administrative Review Committee's findings will be the final departmental position on the audit. If the city or county does not reply in writing within the allotted time, the report will be considered accepted in full and the State will proceed accordingly. The reply and any related questions to the final audit report should be made to:

California Department of Corrections
Policy and Evaluation Division
Fiscal and Business Management Audits Unit
P.O. Box 942883
Sacramento, CA 94283-0001

If the audit findings result in disallowances for which the city or county should repay monies to the State of California, and if the payment for the audit findings is not received within 30 days after the findings are issued, the amount will be deducted from future monthly claims until the audit disallowance is fully paid.

APPENDIX I

PENAL CODE SECTION 3056

“Prisoners on parole shall remain under the legal custody of the department and shall be subject at any time to be taken back within the inclosure of the prison.”

APPENDIX II
PENAL CODE SECTION 4016.5
CALIFORNIA DEPARTMENT OF CORRECTIONS
(Amended pursuant to AB 1655)

Reimbursement of counties; parolee and prisoner detention; parole revocation proceedings; conditions; determination and use of reimbursement:

“A city or county shall be reimbursed by the Department of Corrections for costs incurred resulting from the detention of a state prisoner, a person sentenced or referred to the state prison, or a parolee and from parole revocation proceedings when the detention meets any of the following conditions:

- (a) The detention relates to a violation of the conditions of parole or the rules and regulations of the Director of Corrections and does not relate to a new criminal charge.
- (b) The detention is pursuant to (1) an order of the Board of Prison Terms under the authority granted by Section 3060, or (2) an order of the Governor under the authority granted by Section 3062 or (3) an exercise of a state parole or correctional officer’s peace officer powers as specified in Section 830.5.
- (c) Security services and facilities are provided for hearings that are conducted by the Board of Prison Terms to revoke parole.
- (d) The detention results from a new commitment, or a referral pursuant to Section 1203.03, once the abstract of judgment has been completed, the department’s intake control unit has been notified by the county that the prisoner is ready to be transported pursuant to Section 1216, and the department is unable to accept delivery of the prisoner. The reimbursement shall be provided for each day starting on the day following the fifth working day after the date of notification by the county, if the prisoner remains ready to be delivered and the department is unable to receive the prisoner. If a county delivers or attempts to deliver a person to the department without the prior notification required by this paragraph, the date of the delivery or attempted delivery shall be recognized as the notification date pursuant to this paragraph. The notification and verification required by the county for prisoners ready to be transported, and reimbursement provided to the county for prisoners that the department is unable to receive, shall be made pursuant to procedures established by the department.

A city or county shall be reimbursed by the department from funds appropriated in Item 5240-101-0001 of the budget Act of 1998 for costs incurred pursuant to subdivision (a), (b), and (c) and from funds appropriated in Item 5240-001-0001 of that act for costs incurred pursuant to subdivision (d).

The reimbursement required by this section shall be expended for maintenance, upkeep, and improvement of jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of reimbursement authorized by this section. The net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of the net reimbursement to a county whose jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 only if the county is failing to make reasonable efforts to correct differences, with consideration given to the resources available for those purposes.

Costs incurred resulting from the detention, as used in this section, shall include the same cost factors as are utilized by the Department of Corrections in determining the cost of prisoner care in state correctional facilities.”

APPENDIX III
WELFARE AND INSTITUTIONS CODE SECTION 1776
CALIFORNIA DEPARTMENT OF THE YOUTH AUTHORITY

Parole violators; county detention facilities; reimbursement:

“Whenever an alleged parole violator is detained in a county detention facility pursuant to a valid exercise of the powers of Youth Authority as specified in Sections 1753, 1755, and 1767.3 and when such detention is initiated by the Youth Authority and is related solely to a violation of the conditions of parole and is not related to a new criminal charge, the county shall be reimbursed for the costs of such detention by the Department of the Youth Authority. Such reimbursement shall be expanded for maintenance, upkeep, and improvement of juvenile hall and jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of the reimbursement authorized by this section. Such net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of such net reimbursement to a county whose juvenile hall or jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 of the Penal Code or Section 210 of this code.

Costs of such detention, as used in this section, shall include the same cost factors as are utilized by the CDC in determining the cost of prisoner care in State correctional facilities.”

APPENDIX IV
STATE OF CALIFORNIA
BUDGET ACT OF 2004, SECTION 5240 D.

- d. “To reimburse counties for the cost of detaining State parolees pursuant to Section 4016.5 of the Penal Code. Claims shall be filed by local jurisdictions within six months after the end of the month in which the costs are incurred. Claims filed by local jurisdictions may not include booking fees, may not recover detention costs in excess of \$59 per day, and shall be limited to the detention costs for those days on which parolees are held subject only to a Department of Corrections request pursuant to subdivision (b) of Section 4016.5 of the Penal Code. Expenditures shall be charged to either the fiscal year in which the claim is received by the Department of Corrections or the fiscal year in which the warrant is issued.”

APPENDIX V

STATE ADMINISTRATIVE MANUAL

SECTION 8752, FULL COST RECOVERY POLICY

FULL COST RECOVERY POLICY (Revised 2/99)**8752**

The State policy is for departments to recover full costs whenever goods or services are provided for others (Requirements for General Fund departments are included in Government Code (GC) Sections 11010 and 11270). This policy, which applies to all departments regardless of funding sources, is to be followed in all cases except where statutes prohibit full cost recovery.

The full cost of goods or services includes all costs attributable directly to the activity plus a fair share of indirect costs that can be ascribed reasonably to the good or service provided. SAM Section 8752.1 contains a discussion of the cost elements to include.


COST ELEMENTS INCLUDED (Revised 2/99)**8752.1**

Include the following costs in charges for good and services:

- Department direct costs
 - Department indirect (overhead) costs
 - Central services costs
1. Department direct costs are those that can be identified specifically with a particular cost objective, such as:
 - a. Personal service costs incurred in meeting the cost objective (personal service costs will include the fringe benefit factors prescribed in SAM Section 8740).
 - b. Operating expenses and equipment costs incurred in meeting the cost objective, such as the cost of contracts, travel expenses, etc.
 2. Department indirect (overhead) costs are those support costs that benefit more than one cost objective/organizational unit. These costs are accumulated and allocated periodically to the cost objective/organizational units that benefit from the support activity/function. Departmental indirect costs include:
 - a. Personal services costs of unit, bureau, division, and department administrative, supervisory, and executive staff.
 - b. Personal services costs of support units, including clerical support, housekeeping, etc.
 - c. Operating expenses and equipment costs not included as part of department direct costs.
 3. Central service costs are costs incurred by central service departments (e.g., Department of Finance (DOF), State Controller, State Personnel Board, etc.) for the benefit of all State departments. See SAM Section 8753 for more information on central service costs.

APPENDIX VI

GLOSSARY OF DEFINITIONS


 **NOTE:** Included in this glossary are definitions of terms as they are specifically used within this DJR Manual.

TERM	DEFINITION
<u>BOOKING COSTS:</u>	Costs associated with booking, including classification (the Budget Act specifically excludes booking costs), staff salaries and benefits, services and supplies, equipment, food, and medical costs.
<u>CAPITAL ASSETS:</u>	Assets that meet the government's capitalization policy such as land, improvements to land, easements, buildings, leasehold improvements, vehicles, machinery, equipment, works of art and historical treasures, infrastructure, and all other tangible or intangible assets that are used in government operations, have initial useful lives extending beyond one year, and are usually subject to depreciation (except for land). Capital assets do not include depletable resources such as minerals or timber.
<u>COMMISSARY COSTS:</u>	All expenditures incurred to support and supply a jail facility store where supplies (i.e., beverages, candy, magazines, Tylenol, etc.) and other amenities are sold to the inmates.
<u>COMMUNICATIONS OR RADIO SERVICES:</u>	The costs of communications or radio services outside the jail facility are unallowable. Communications or radio services provided primarily for the function of protecting the public outside the detention facility are unallowable. Communications from a patrol officer's or deputy sheriff's vehicle to the detention facility are unallowable. Radio and communication services used exclusively within the jail facility are generally considered allowable costs.
<u>CONDITIONS OF PAROLE:</u>	A set of written rules to which an inmate or a parolee agrees to and by which he or she is governed.
<u>CONTINGENCIES:</u>	Contributions to a contingency reserve or any other similar provision for unforeseen events are unallowable.
<u>CONTRIBUTIONS AND DONATIONS:</u>	Contributions and donations are unallowable.
<u>DAILY JAIL RATE (DJR):</u>	The cost of housing an inmate at a city or county facility based on costs allowable by the State under Penal Code Section 4016.5 and Welfare and Institutions Code Section 1776.

TERM	DEFINITION
<u>DEPRECIATION COSTS:</u>	The costs of depreciating capital assets are unallowable.
<u>DETAINED:</u>	An inmate is received into custody by a competent authority of the city or county jail.
<u>DETENTION:</u>	State inmates assigned to the State operated or contracted community programs are subject at any time to be detained in the city or county jail upon the valid exercise of a State parole agent or correctional officer's peace officer powers (if the Sheriff or the corresponding official in charge of the jail consents thereto). State inmates remain under the legal custody of CDC and inmates detained in this manner are covered by this program.
<u>ELECTED OFFICIALS' SALARIES:</u>	The salaries and benefits of elected officials, such as members of the Board of Supervisors or the City Council and the Sheriff, are considered a general cost of local government and, therefore, are unallowable. The principles followed are those used in developing the COWCAP as approved by the State Controller's Office.
<u>ENCUMBRANCES:</u>	Encumbrances are not allowable as program expenses because the actual expenditures have not occurred. <i>These expenses will be allowable in the year the expenses are paid.</i>
<u>ENTERTAINMENT:</u>	Costs of amusements, social activities and related incidental costs (meals, beverages, lodgings, rentals, transportation and gratuities) are unallowable.
<u>EQUIPMENT:</u>	Equipment that either meets or exceeds the County or City's capitalization policy is unallowable. In the above definition of capital assets, equipment is tangible property other than land, buildings, improvements other than buildings, or infrastructure, which is used in operations and with a useful life of more than one year. Examples are furnishings, equipment, and software. Equipment may be attached to a structure for purposes of securing the item, but unless it is permanently attached to, or an integral part of, the building or structure, it is to be classified as equipment and not buildings.

TERM	DEFINITION
<u>FACILITY LEASE OR USE COSTS:</u>	<p>Except as defined in “(1)” below, the following restrictions apply:</p> <ol style="list-style-type: none"> (1) Facility lease costs are unallowable costs to the extent that Federal or State funds have been granted which cover these costs. (2) No lease cost is allowable unless the lessor is a second party, separate from the city or county government, and the lease is not for jail space. To include any lease cost in the DJR proposal, the city or county must include a copy of the lease and documentation of the lessor’s identity and financial interest separate from the city or county government. (3) Facility Lease or Use Costs By Special Agreement: Identify and deduct from the total cost of construction, any funds from any other levels of government for the cost of such incarceration facilities. Only the remaining or net cost of facility construction will be allowed in a DJR proposal for reimbursement under the special agreement.
<u>FINES AND PENALTIES:</u>	<p>Costs resulting from the violations of or failure to comply with Federal, State and local laws and regulations are unallowable.</p>
<u>FOOD COSTS:</u>	<p>Per Penal Code, Section 4016.5, allowable food costs are limited to meals served inmates. Also, see definition under “Meal Benefits and Allowances.”</p>
<u>GENERAL LIABILITY INSURANCE:</u>	<p>General liability, per the State of California Accounting Standards and Procedures for Counties, is defined as: “The exposure to third party bodily injury and/or property damage losses attributable to the broad range of governmental activities excluding losses due to malpractice and the operation of government vehicles... Usually includes errors and omissions and false arrest exposures.”</p>
<u>HOLD:</u>	<p>A written request that a parolee who is the responsibility of either CDC or CYA be detained in the city or county jail. The request may be made by the Board of Prison Terms, the Governor, the Youthful Offender Parole Board, the Director of California Department of Corrections, the Director of the California Department of Youth Authority or their duly authorized representatives.</p>

TERM	DEFINITION
<u>INDIRECT COSTS:</u>	<p>Indirect costs (overhead) pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section E, Allowable and Unallowable Costs.</p> <p>Costs that may be included in this line item are:</p> <ol style="list-style-type: none"> 1. Costs approved for the <u>FY 2002/03</u> Indirect Cost Rate Proposal (ICRP) or County Wide Cost Allocation Plan (COWCAP). <p>To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC Section 4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.</p> <ol style="list-style-type: none"> 2. Any departmental, divisional or other <u>allowable</u> indirect detention costs (overhead) as defined in this Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements. <p>For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the <u>Handbook of Cost Plan Procedures for California Counties</u>, Office of the State Controller. Please note that all costs must be consistent with the requirements of PC Section 4016.5.</p> <p>All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include a worksheet detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.</p>
<u>INSURABLE LOSSES:</u>	<p>Actual losses that could have been covered by insurance through a self-insurance program approved by the State Controller's Office or others, are unallowable.</p>
<u>INTEREST AND OTHER FINANCE COST:</u>	<p>Interest and/or other finance cost on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith, are unallowable.</p>

TERM	DEFINITION
<u>LEGAL EXPENSES:</u>	Legal services furnished by the chief legal officer, related staff, and/or assignees for the purpose of discharging his/her general responsibilities as the legal officer are unallowable costs. Legal expenses for the prosecution of claims against the Federal or State government are also unallowable costs.
	 NOTE: Costs of county attorney as included in the ICRP or COWCAP are allowable for establishing Indirect Costs.
<u>LEKTREIVER:</u>	For clothing storage and retrieval.
<u>LOCAL ASSISTANCE PROGRAM (LAP):</u>	LAP involves the detention in the city or county jail of a parolee on a parole violation, or an alleged parole violation. If the parolee is held on a criminal charge concurrent with our hold, the State does not reimburse the city or the county for the detention costs, regardless of the disposition by the court. This program pertains to both CDC and CYA.
<u>MEAL BENEFITS AND ALLOWANCES:</u>	Meals for guests are unallowable. Meal benefits and allowances for staff are generally unallowable, unless the following conditions exist: when an employee is required to work in excess of two (2) hours past their normal workday. If the employee is required to work for more extended periods of time, he/she may be allowed to gain an additional meal allowance for each additional six (6) hour period. No more than three (3) overtime meal allowances will be claimed during any twenty-four (24) hour period. Additionally, if meal benefits are part of the MOU between the county/city and the Union, then they are an allowable DJR cost.
<u>MEDICAL (ROUTINE) EXPENSES:</u>	“Routine medical services” refer to those services that are normally provided to all prisoners in a county jail facility. Routine medical and dental costs include, but are not limited to physical and dental examinations received by prisoners when they arrive at a county jail, distribution of over-the-counter drugs (i.e., aspirin and cold/cough medicine) and medical and dental supplies such as Band-Aids or tape and gauze for cuts and bruises, dental floss, toothpaste and tooth brushes. Routine Medical Expenses may be reflected as a Direct Cost.
<u>MEDICAL (NON-ROUTINE) EXPENSES:</u>	“Non-routine medical expenses” refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (i.e., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Non-routine medical expenses are unallowable as a direct cost in the DJR calculation and must be billed by the city or county directly to HASS, via the appropriate P&CSD Regional Headquarters Office.

TERM	DEFINITION
<u>MEMBERSHIP AND DUES:</u>	Membership and/or Dues in approved professional law enforcement related organizations. Includes professional license renewal.
<u>NEW CRIMINAL CHARGE:</u>	Unadjudicated charge against a parolee.
<u>PAROLE REVOCATION HEARING:</u>	After the discovery of information indicating a possible violation of parole, and the alleged parole violator has been placed on hold in the city or county jail, the P&CSD unit will review the case to determine if the violation should be reported to the Board of Prison Terms and a revocation hearing be recommended. If such a recommendation is made, a revocation hearing (often called a Morrissey hearing) will be scheduled to be held within a reasonable time after the placement of the parole hold. The revocation hearing is to be held at the city or county jail where the parolee is incarcerated on the parole hold or at another nearby city or county facility, such as the courthouse.
<u>PAROLE REVOCATION HEARING RATE (PRHR):</u>	The cost of providing a hearing room and security staff necessary to hold a revocation (Morrissey) hearing.
<u>STATE PAROLEE:</u>	An inmate or ward that has been released from prison with conditions and is being supervised for a given period by CDC or CYA.
<u>TRANSPORTATION:</u>	Only intra-county (within the county lines) transportation costs are allowable. Inter-county transportation costs are unallowable. Transportation expenditures from a State detention facility to a county detention facility and vice versa are allowable. Transportation expenditures from a county facility to a facility of another county are not allowable.

APPENDIX VII GLOSSARY OF ACRONYMS

<u>AB</u>	Assembly Bill
<u>ADP:</u>	Average Daily Population
<u>ARC:</u>	Administrative Review Committee
<u>CDC:</u>	California Department of Corrections
<u>COWCAP:</u>	County Wide Cost Allocation Plan
<u>CYA:</u>	California Youth Authority
<u>DJR:</u>	Daily Jail Rate
<u>DS:</u>	Deputy Sheriff
<u>FBMAU:</u>	Fiscal and Business Management Audit Unit
<u>FY:</u>	Fiscal Year
<u>GAAP:</u>	Generally Accepted Accounting Principles
<u>HASS:</u>	Headquarters' Accounting Services Section (for CDC)
<u>ICRP:</u>	Indirect Cost Rate Proposal
<u>LAP:</u>	Local Assistance Program
<u>MOU:</u>	Memorandum of Understanding
<u>O.A.S.D.I.:</u>	Old Age, Survivors, & Disability Insurance
<u>OHO:</u>	Our Hold Only (PC Section 3056 hold)
<u>P&CSD:</u>	Parole and Community Services Division
<u>PC:</u>	Penal Code
<u>POST:</u>	Peace Officers' Standards and Training
<u>PRHR:</u>	Parole Revocation Hearing Rate
<u>SAM:</u>	State Administrative Manual
<u>SCO:</u>	State Controller's Office
<u>STC:</u>	State Training Center
<u>WIC:</u>	Welfare and Institutions Code

APPENDIX VIII COMMON PROBLEMS

COMMON PROBLEMS WHEN PREPARING THE DJR COMPUTATION FORM

1. DIRECT COSTS (ALLOWABLE AND UNALLOWABLE)
 - a. **INCLUDE ALL** direct allowable and unallowable costs applicable to detentions only in the first section of the Daily Jail Rate Computation Sheet. Please ascertain that all unallowable direct costs are included in Lines 11 through 18 of the computation sheet. This procedure ensures that unallowable direct costs receive their proportionate share of overhead.
2. WAGES AND BENEFITS
 - a. **EXCLUDE** the Sheriff's Salary and Benefits - the sheriff is an elected official and the salary and benefits of the sheriff are not allowed as expenditures when computing detention costs.
 - b. **ATTACH** a listing of all the positions by classification, which are included in the Salary and Benefits reports.
 - c. **ATTACH** a copy of the appropriate expenditure reports and provide any explanations as to deviations between the total Salaries and Benefits line of the expenditure report and the Wages and Benefits line on the DJR Computation Form.
3. SERVICES AND SUPPLIES
 - a. **ENCUMBRANCES** are not allowed. Costs can be claimed only when they have actually been expended.
 - b. **ATTACH** verification the "prior year" expenditures were paid in FY 2002/03.
 - c. **MAKE** sure that Professional and Special Expenses do not duplicate Medical Costs. The cost of consultants will always be questioned.
 - d. **VERIFY** that the cost is necessary and reasonable for the proper and efficient operation of the jail operation, and that State inmates benefit from the program.
 - e. **ATTACH** a copy of the capitalization policy (fixed asset threshold).
4. MEDICAL COSTS
 - a. **INCLUDE ALL** medical costs (routine and non-routine) in the Allowable Direct Cost section of the DJR computation form. **DEDUCT** non-routine medical in the Unallowable Direct Cost section of the DJR.
 - b. **PROVIDE** detail of routine medical and non-routine medical expenditures and applicable allocations.

- c. **BILL** non-routine medical costs directly to CDC via the appropriate P&CSD office.
- d. **ATTACH** a copy of any medical service contract, if applicable. **PROVIDE** detail of routine medical and non-routine medical expenditures covered under the contract.

5. UNALLOWED DIRECT COSTS

- a. **LOANS** for capital improvements are not allowed.
- b. **COMMUNICATION AND RADIO SERVICE** outside of the jail facilities is **NOT ALLOWED**.
- c. **LEASE** from the county or from the city government for jail space is **NOT ALLOWED**. Do include a copy of the lease agreement if jail space is being leased from non-governmental entities.
- d. **BOOKING** costs, including classification, are not allowed and should be included as an unallowable direct cost.

6. INDIRECT COSTS

- a. **EXCLUDE** the Sheriff's Salary and Benefits, although the costs associated with the Sheriff's Office (staff, space, etc.) may be included in Indirect Costs.
- b. **EXCLUDE** the building use and the equipment use costs from the COWCAP when using the COWCAP for Indirect Costs.
- c. **USE** the COWCAP that has been *formally* approved by the State Controller's Office as estimated costs *for use in Fiscal Year 2002/03*.
- d. **INCLUDE** the roll forward amount from the COWCAP.
- e. **ALLOCATED** Indirect Costs *must be accompanied by an explanation* of the allocation methodology (Salaries and Benefits of the different units, number of positions, etc.) with the appropriate expenditure reports.

7. OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS

- a. **DUAL** funding is *not allowed*. If expenditure is claimed for the DJR computation but is reimbursed from another source, (e.g. STC, POST, Morrissey hearings) the reimbursement must be included as an offsetting reimbursement. The exception to this are reimbursements received from other agencies for their inmates, provided that:
 - i. The service provided for housing their inmates are similar to services for CDC inmates, and
 - ii. Those inmates are included in the ADP count.

8. ESTIMATED 2-YEAR % COST INCREASE/DECREASE

- a. **PROVIDE** documentation as to how the percentage of increase/decrease was calculated (*what method used*). NOTE: suggested methods provided in the DJR Manual.
- b. This projection is ***not an optional line item***. It is necessary since actual expenditures from two years ago are being used to project expenditures for FY 2004/05. The projection should be carefully calculated using the same types of costs used to calculate the DJR. Report this percentage with two decimal places.

9. AVERAGE DAILY POPULATION (ADP)

- a. **PROVIDE** documentation by month, by facility, as to the ADP for FY 2002/03. Report this statistic with two decimal places.

10. ESTIMATED 2-YEAR % POPULATION INCREASE/DECREASE

- a. **PROVIDE** documentation as to how the projected percentage was calculated (*what method used*). NOTE: suggested method provided in the DJR Manual.
- b. This projection is ***not an optional line item***. It is necessary since actual ADP from two years ago is being used to project ADP for FY 2004/05. The population projection should be carefully calculated to avoid inappropriate material fluctuations in the DJRs from year to year. Report this percentage with two decimal places.
- c. **ZERO** population growth ***must*** be explained (e.g., court mandate, spreadsheet of prior year population decline, etc.)

11. PRIOR RATE ESTIMATE ADJUSTMENT

- a. Adjustment to the FY 2002/03 DJR is applicable only to those rates under the \$59.00 cap, in accordance with the Budget Act of 2001.
- b. Line 1. The Total Allowed Costs for Fiscal Year 2002/03 is carried over from ***LINE 33*** of the DJR Computation Form ***FROM FY 2004/05, (this year's DJR)***.
- c. Line 2. The 2002/03 Average Daily Population (ADP) is carried over from ***LINE 37*** of the DJR Computation Form ***FROM FY 2004/05, (this year's DJR)***.
- d. Line 6. Daily Jail Rate approved for this facility for use in FY 2002/03. Enter the DJR approved on ***LINE 42*** of the DJR Computation Form ***FROM FY 2002/03, (two years prior DJR)***.

12. REMINDERS

- a. Documentation supporting reimbursement must adhere to Generally Accepted Accounting Principles (**GAAP**) as outlined by the American Institute of Certified Public Accountants.
- b. **REFERENCE** specific exhibit, attachment or note on the DJR computation form that support each line item indicated on the computation form.

- c. **IDENTIFY** combinations of object codes from support documents that make up a line item on the computation form.
- d. **INCLUDE** all applicable source documents; i.e., expenditure reports, budget reports, etc. **VERIFY** with the checklist to ensure all necessary supporting documentation is enclosed with your DJR computation form. **INCLUDE** any spreadsheets explaining the basis of the allocation, if costs are being allocated.
- d. **SUPPORT** documents should be copied on **letter size (8 1/2 x 11) paper when possible**.

APPENDIX IX CONTACT INFORMATION

NAME	TITLE	ADDRESS	TELE. #	FAX #
Charles Gutierrez	Local Assistance Program Manager	California Department of Corrections Parole and Community Services Division P.O. Box 942883 Sacramento, CA 94283-0001 Charles.Gutierrez@corr.ca.gov	(916) 322-3523	(916) 327-0785
Catherine Malbouvier	Daily Jail Rate Analyst	California Department of Corrections Policy and Evaluation Division Fiscal and Business Management Audits Unit P.O. Box 942883 Sacramento, CA 94283-0001 Catherine.Malbouvier@corr.ca.gov	(916) 358-2125	(916) 358-2471
Hap Woods	Accounting Technician	California Department of Corrections Headquarters Accounting Services Section P.O. Box 942883 Sacramento, CA 94283-0001	(916) 324-8789	(916) 445-2248
P&CSD, Region I	Jail Liaison Coordinator	California Department of Corrections Parole and Community Services Division 9825 Goethe Road, Suite 200 Sacramento, CA 95827-2572	(916) 255-2748	(916) 255-2754
P&CSD, Region II	Jail Liaison Coordinator	California Department of Corrections Parole and Community Services Division 1515 Clay Street, Tenth Floor Oakland, CA 94612	(510) 622-4701	(510) 622-4720
P&CSD, Region III	Jail Liaison Coordinator	California Department of Corrections Parole and Community Services Division 320 W. 4 th Street, Suite 1000 Los Angeles, CA 90013-1105	(213) 576-6500	(213) 620-6488
P&CSD, Region IV	Jail Liaison Coordinator	California Department of Corrections Parole and Community Services Division 21015 Pathfinder Road, Suite 200 Diamond Bar, CA 91765	(909) 468-2300	(909) 468-2398
Community Correctional Re-Entry Administration		California Department of Corrections Parole and Community Services Division P.O. Box 942883 Sacramento, CA 94283-0001	(916) 445-6200	(916) 445-9336

APPENDIX X BLANK FORMS

FORMS FOR THE DJR PREPARER	
Carry Forward Letter for Previously Approved DJR	
Daily Jail Rate Checklist, FY 2004/05	
DJR Computation Schedule, FY 2004/05	
Prior Rate Estimate Adjustment Schedule, FY 2004/05(A)	
Form for explanations and/or references listed on the DJR Computation Schedule	
FORMS FOR BILLING CDC OR CYA FOR SERVICES RENDERED	
CDC Form 2127, Monthly Invoice Parole Hold and Detention Programs, to be used for invoicing the combined days in the LAP and detention programs.	
CDC Form 2128, Register of Participation for LAP or Detention, to be used with each CDC invoice for the LAP or detention programs.	
CDC Form 2129, Monthly Invoice, Parole Revocation Hearing, to be used for invoicing for the parole revocation hearings.	
CDC Form 2130, Register of Participation for Parole Revocation Hearing, to be used with each CDC invoice for the parole revocation hearing.	
CDC Form 2138-A, CYA Detention Invoice and Participation Registration, to be used for invoicing for the CYA youthful parolee detentions.	
CDC Form 2148, Monthly Invoice, Non-Routine Medical, to be used for invoicing for miscellaneous and non-routine medical costs.	
FORMS FOR BILLING CDC OR CYA FOR BILLING ADJUSTMENTS WHEN DJRs AND PRHRs ARE UPDATED	
CDC Form 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the LAP and detention programs.	
CDC Form 2131-D, Consolidated Amended Invoice, Parole Revocation Hearings, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the revocation hearing.	
CDC Form 2138-B, Consolidated Amended Invoice Ward Detention, Page 1, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward detention.	
CDC Form 2138-C, Consolidated Amended Invoice Ward Detention, Page 2, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward revocation hearings.	

Sheriff's Department

XXXXX COUNTY SHERIFF'S DEPARTMENT

P.O. Box 22222

Anywhere, CA 22222

PLEASE USE YOUR COUNTY/CITY LETTERHEAD. THIS IS A SAMPLE ONLY.

UPON REQUEST, A COPY OF THIS FORM LETTER MAY BE SENT TO YOU VIA E-MAIL OR ON A DISKETTE.

<Date>

California Department of Corrections
Fiscal and Business Management Audits Unit
Daily Jail Rate Analyst
P.O. Box 942883
Sacramento, CA 94283-0001

RE: Fiscal Year 2004/05

Daily Jail Rate Analyst:

This letter is to inform you that it is the intent of __ (the County/City) to carry forward to carry forward our previously approved Daily Jail Rate (DJR) of \$ _____ from Fiscal Year ____/____ as there has been no significant variances to: 1) costs associated with the DJR calculation, and/or 2) the average daily population.

We are aware that Local Assistance Program (LAP) reimbursements require that expenses for calculating the DJR be consistent with the Penal Code, Section 4016.5 using "...the same cost factors as are utilized by the (California) Department of Corrections [CDC] in determining the cost of prisoner care in State correctional facilities..." and with the State Administrative Manual, Section 8752, et seq. The legislative maximum amount that may be paid by the State is presently set at \$59.00 per inmate per day.

Additionally, per the DJR Manual, Chapter VIII, Section B—Audits, the CDC or any of its duly authorized representatives may perform periodic financial and operational reviews to determine compliance with DJR provisions. (See Chapter II, Section A – DJR Requirements of the DJR Manual.) The CDC shall have access and the right to examine, audit, excerpt, or transcribe any books, documents, papers, or records of the County/City which, in the opinion of the State, may be related or pertinent to the LAP or the detention programs covered by the DJR, including periods for which the DJR has been carried forward. Adjustments resulting from a CDC audit and/or a CDC initiated desk review will be applied retroactively to the applicable period of review. (See Chapter II, Section B, Carry Forward Rate Request of the DJR Manual.)

Materials related to the DJR shall be retained by the County/City on site for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are completed and/or resolved.

We understand that the CDC will duly notify us when selected for an audit so that substantiating materials may be prepared prior to the audit. The audit will be for the current year's DJR, which is based on two fiscal year's prior actual expenditures. In accordance with the DJR Manual, a cost package may be submitted to the Fiscal and Business Management Audits Unit within 90 days of final audit resolution to request a revised DJR.

If you have any questions regarding this matter, please contact me at (____) _____.

I hereby certify under penalty of perjury that I am duly authorized to sign on behalf of the County/City named herein and that the aforementioned is true and correct.

Signature
Title

Date

cc: Hap Woods
California Department of Corrections
Accounting Services Section
P.O. Box 942883
Sacramento, CA 94283-0001

DAILY JAIL RATE (DJR) FISCAL YEAR 2004/05

CHECKLIST FOR PREPARATION OF THE DJR COMPUTATION FORM

Please check to see that the items listed below are enclosed with your Daily Jail Rate (DJR) Computation forms for each facility. A completed DJR checklist must be submitted with your DJR:

____ 1. Preparer's Name of DJR Computation Form for FY 2004/05:

____ 2. Contact Person for questions regarding completed DJR Computation Form:

(Telephone Number)

ATTACHMENTS:

- ____ 3. A copy of the expenditure detail report for FY 2002/03 for Salaries and Benefits, Services and Supplies (including unallowable costs such as non-routine medical and communication services outside the jail), Medical Costs, Equipment Purchases, other Direct Costs, Prior Year Expenditures, Administration/Overhead, Indirect Costs, and any other applicable expenditures.
- ____ 4. A copy of the county or city's capitalization policy.
- ____ 5. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2002/03.
- ____ 6. A listing of positions by classification, which are represented by the Salary and Benefit reports for each jail facility.
- ____ 7. Documentation to substantiate the Sheriff's salary and benefits.
- ____ 8. A worksheet showing the allocation of Salaries and Benefits, Services and Supplies, Medical Costs, Equipment Purchases and any other expenditures, (direct costs only) that were allocated to each of the jail facilities.
- ____ 9. The expenditure report and a worksheet that documents the separation of Medical Costs into routine and non-routine based upon the criteria described in the Daily Jail Rate Manual. Please include a description of the methodology used for the allocation of costs.
- ____ 10. A description of what is included in the Indirect Costs (Line 21), and how this was allocated to the appropriate cost center/jail facility. Please include a copy of the worksheet showing the allocation of costs and a description of the basis for the allocation.

-
- ____ 11. A copy of the cover page and the appropriate pages of the Countywide Cost Allocation Plan (COWCAP) as formally approved by the State Controller's Office as estimated costs or the Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2002/03.
- ____ 12. A copy of the approved budget allotment report for FY 2003/04.
- ____ 13. A worksheet that substantiates how the two-year percentage cost increase was determined.
- ____ 14. A summary of the actual jail population for FY 2002/03 per facility by month.
- ____ 15. A worksheet that substantiates how the two-year population increase/decrease was determined, or a copy of the supporting city or county document indicating the expected jail population for FY 2004/05, such as a court order reducing the jail population, etc.
- ____ 16. If lease costs are included in Services and Supplies or another Category/Object, please provide a copy of the lease and documentation of the lessor's identity and financial interest as separate from the city or county government.
- ____ 17. Documentation to substantiate the booking costs. Please provide one of the following:
- * A copy of the expenditure report for the booking unit.
 - * Documentation showing the salaries and the classification/positions of the people involved in the booking process and some basis for the allocation of their time spent booking versus other duties, if any.

Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:

Sheriff/Police Chief:

Auditor-Controller:

COUNTY/JAIL NAME		Prepared By:	
ACTUAL EXPENSE FOR: FY 2002/03		REPORTED COSTS	REFERENCE
1	DIRECT COSTS (Allowable and Unallowable)		
2	Wages and Benefits		
3	Services and Supplies		
4	Medical Costs (Routine and Non-Routine)		
5	Equipment purchases (Non-capitalized)		
6			
7			
8			
9			
10	Total Direct Costs		
11	LESS: Unallowable Direct Costs		
12	BOOKING COSTS		
13	Non-Routine Medical		
14	Communication (outside of jail facility)		
15			
16			
17			
18	Total Unallowable Direct Costs		
19	ALLOWABLE DIRECT COSTS		
20	Or Other Basis		
21	INDIRECT COSTS		
22	Allow Dir/Total Dir Equals The Allow % of Indir Costs (Line 19/Line 10)		
23	ALLOWABLE INDIRECT COSTS		
24	TOTAL EXPENDITURES		
25	LESS: Offsetting Reimbursements		
26	STC		
27	POST		
28	Transportation		
29	Morrissey		
30			
31	Total Offsetting Reimbursements		
32	ALLOWABLE COSTS		

COUNTY/JAIL NAME		Prepared By:
PROJECTED EXPENDITURES FOR: FY 2004/05		REPORTED COSTS
REFERENCE		
33	Allowable Costs (FY 2002/03) (From Line 32 on Page 1)	
34	Estimated 2 Year Percent Cost Increase/Decrease	
35	Amount of Estimated 2 Year Increase/Decrease	
TOTAL ALLOWABLE COSTS FOR FY 2004/05		
36	RATE COMPUTATION	
FISCAL YEAR 2004/05		Requested
37	Reported Average Daily Jail Population (FY 2002/03)	
38	Calendar Days (FY 2002/03)	
39	Total Projected Jail Population (FY 2004/05)	
40	Estimated 2 Year % Population Increase/Decrease)	
41	Estimated FY 2004/05 Population	
42	DAILY JAIL RATE (FY 2004/05)	Do Not Exceed \$59.00

COUNTY/JAIL NAME		Prepared By:	
Prior Rate Estimate Adjustment		Schedule 2004/05 A	
DESCRIPTION OF ITEM		REPORTED AMOUNT	REFERENCE
1	TOTAL ALLOWED COSTS FOR FISCAL YEAR (FY) 2002/03		
2	AVERAGE DAILY POPULATION IN FY 2002/03		
3	TOTAL CALENDAR DAYS IN FY 2002/03		
4	TOTAL ACTUAL INMATE DAYS IN FY 2002/03		
5	CORRECTED DJR RATE FOR FY 2002/03		
6	DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2002/03 <i>(From Line 42 of DJR Computation Schedule for FY 2001/02)</i>		
7	DIFFERENCE		
<p>If the DJR on Line 5 is under \$59, and is less than Line 6, your county/city was overpaid for FY 2001/02 invoices. CDC will collect the overpayment from future invoices.</p> <p>If the DJR on Line 5 is under \$59, and is greater than Line 6, your county/city was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is less than \$59, the city or county was underpaid for FY 2001/02 invoices. Use CDC 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDC for the difference.</p> <p>If the DJR on Line 5 is \$59 or more, and Line 6 is less than \$59, there will be no adjustments made. The cap of \$59 placed on DJRs as established by the Budget Act of 1993, remains in effect.</p>			

COUNTY/JAIL NAME	Prepared By:
<u>Explanation of Adjustments/References:</u>	

MONTHLY INVOICE

PAROLE HOLD AND DETENTION PROGRAMS

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	California Department of Corrections Parole and Community Services Division
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

Total participant days *	_____
Reimbursement rate	
X	\$ _____
TOTAL PAYMENT	
REQUESTED	\$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	DATE	SIGNATURE OF P&CSD REPRESENTATIVE	DATE
(TYPE) NAME AND TITLE		(TYPE) NAME AND TITLE	

*Total "participant days" is obtained from the attached Register of Participation (CDC 2128) form, Column 10, "Number of Days". It includes the first, but not the last, day of participation, **unless** adequate documentation is provided and attached to the invoice.

[illegible]

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- (1) JAIL BOOKING NUMBER
- (2) NAME OF INMATE/PAROLEE (May not agree with CDC name)
- (3) CDC ID NUMBER
- (4) ENTER "R" FOR RELEASED or "C" FOR PAROLEE/INMATE CONTINUING PROGRAM NEXT MONTH
- (5) DATE OHO OR DETENTION STARTS or THE FIRST DATE OF INVOICE PERIOD
- (6) DATE NEW CRIMINAL CHARGES FILED
- (7) DATE CRIMINAL CHARGES DROPPED, DISMISSED OR SENTENCE ENDS
- (8) DAYS ON CRIMINAL CHARGES – Billing month only (Column 8 equals column 7 minus column 6 date)
- (9) DATE OHO, ON DETENTION ENDS or THE LAST DAY OF THE MONTH
- (10) DAYS ON HOLD or DETENTION (Column 10 equals column 8 date minus column 5 date)*
- (11) CHARGEABLE OHO and/or DETENTION DAYS (Column 11 equals column 10 minus column 8 plus 1 if

DISTRIBUTION:
ORIGINAL – PAROLE
ACCOUNTING TECHNICIAN
YELLOW – COUNTY JAIL
PINK – PAROLE

MONTHLY INVOICE

PAROLE REVOCATION HEARINGS

FOR USE BY BOARD OF PRISON TERMS ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> APPROVED WITH CHANGES	
SIGNATURE	DATE

NAME OF CITY OR COUNTY
STREET ADDRESS
CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	California Department of Corrections Parole and Community Services Division
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

Total Hours (or No. of hearings) * _____

Reimbursement rate **X** \$ _____

TOTAL PAYMENT REQUESTED \$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	DATE	SIGNATURE OF P&CSD REPRESENTATIVE	DATE
(TYPE) NAME AND TITLE		(TYPE) NAME AND TITLE	

*Total hours or number of hearings is obtained from the attached Register of Participation (CDC 2130) form.

COUNTY		FOR MONTH OF			YEAR
INMATE NAME (1)	CDC ID # (2)	DATE OF HEARING (3)	NUMBER OF HOURS (4)	CUMULATIVE NUMBER OF HEARINGS (5)	
TOTAL					

LEGEND:

- (1) NAME OF INMATE for whom revocation hearing was held.
- (2) CDC ID NUMBER
- (3) DATE OF HEARING
- (4) NUMBER OF HOURS per hearing. FORWARD the total number of hours to monthly cover invoice if rate is based on number of hours of service.
- (5) NUMBER OF HEARINGS. FORWARD the total number of hearings to the monthly cover invoice if rate is based on cost per hearing.

SEND TO:
California Department of Youth Authority
ATTN: Financial Analysis Bureau
4241 Williamsborough Drive
Sacramento, CA 95823

CLAIM CERTIFICATION: I hereby certify that the above is a true and accurate statement of costs incurred by the county or city for detaining alleged parole violators under Section 1776 of the Welfare and Institutions Code.

(13) SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(14) (TYPE) NAME AND TITLE	(15) DATE
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MONTHLY INVOICE NON-ROUTINE MEDICAL

For Reimbursement Under Penal Code Section 4016.5

Non-routine medical expenses refer to medical services provided to an individual for a specific condition or specialized care. Documentation and/or detail supporting non-routine medical expenses must clearly identify the specific nature and level of medical services, appropriateness and related expense for medical services provided parole violators.

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	California Department of Corrections Parole and Community Services Division
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

In accordance with Penal Code 4016.5, payment is requested for satisfactory services provided in the **MONTH** of _____, 20_____.

DETENTION FACILITY

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PAYMENT REQUESTED	\$ _____

CLAIM CERTIFICATION

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	DATE	SIGNATURE OF P&CSD REPRESENTATIVE	DATE
(TYPE) NAME AND TITLE – PHONE NUMBER		(TYPE) NAME AND TITLE	

Non-routine medical expenses must be billed by the city or county directly to the CDC, Headquarters Accounting Services Section via the appropriate P&CSD Regional Headquarters Office.

CONSOLIDATED AMENDED INVOICE PAROLEE / INMATE DETENTION

Prior Months Billing Adjustment For Reimbursement Under Penal Code Section 4016.5

NAME OF CITY OR COUNTY

STREET ADDRESS

CITY, STATE, ZIP CODE

FROM:	TO:
FACILITY NAME:	California Department of Corrections Headquarters Accounting Services Section
STREET ADDRESS:	STREET ADDRESS: P.O. Box 187018
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95818-7018

LINE	COLUMN 1	COLUMN 2 DATE RATE APPROVED	COLUMN 3	COLUMN 4 REIMBURSEMENT REQUESTED
1	(New) Rate approved on:		\$	
2	(Old) Rate of reimbursement		\$	
	(Difference) Rate of Increase		\$	
3	(Line 1 minus Line 2)		\$	
		TOTAL PAROLEE/ INMATE DAYS BILLED		
	MONTHS			
4	July 20			
5	August			
6	September			
7	October			
8	November			
9	December			
10	January			
11	February			
+12	March			
13	April			
14	May			
15	June			
16	Total Number of Days			
17	SUBTOTAL: Parolee/Inmate Detention Reimbursement Requested (Rate in Line 3 times number of days in Line 16)			\$

SIGNATURE OF CITY / COUNTY REPRESENTATIVE

(TYPE) NAME AND TITLE

DATE

**CONSOLIDATED AMENDED INVOICE
REVOCATION HEARINGS****Prior Month Billing Adjustment
For Reimbursement Under Penal Code Section 4016.5**

NAME OF CITY OR COUNTY		FISCAL YEAR
STREET ADDRESS		
CITY, STATE, ZIP CODE		
FROM:		TO:
FACILITY NAME:		California Department of Corrections Headquarters Accounting Services Section
STREET ADDRESS:		STREET ADDRESS: P.O. Box 187018
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE Sacramento, CA 95818-7018

LINE	COLUMN 1	COLUMN 2 DATE RATE APPROVED:	COLUMN 3	COLUMN 4 REIMBURSEMENT REQUESTED PER HOUR OR HEARING
35	(New) Rate approved on:	_____	\$ _____ per _____	
36	(Old) Rate of reimbursement		\$ _____ per _____	
37	(Difference) Rate of Increase (Line 35 minus Line 36)		\$ _____ per _____	
		TOTAL HOURS OR HEARINGS BILLED		
	MONTHS			
38	July 20_____	_____		
39	August	_____		
40	September	_____		
41	October	_____		
42	November	_____		
43	December	_____		
44	January_____	_____		
45	February	_____		
46	March	_____		
47	April	_____		
48	May	_____		
49	June	_____		
50	Total Number of hours or hearings		_____	
51	SUBTOTAL: Revocation Hearings Reimbursement Requested (Rate in Line 37 times Hours/Hearings in Line 50)			\$ _____
52	TOTAL: Reimbursement requested for this consolidated amended invoice for the period: _____ thru _____			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(TYPE) NAME AND TITLE	DATE

**CONSOLIDATED AMENDED INVOICE
WARD DETENTION****Prior Month Billing Adjustment
For Reimbursement Under Welfare & Institutions Code Section 1776**

NAME OF CITY OR COUNTY		FISCAL YEAR
STREET ADDRESS		
CITY, STATE, ZIP CODE		
FROM:	TO:	
FACILITY NAME:	California Department of Youth Authority Attn: Financial Analysis Bureau	
STREET ADDRESS:	STREET ADDRESS: 4241 Williamsborough Drive	
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95823	

<u>LINE</u>	<u>COLUMN 1</u>	<u>COLUMN 2</u> DATE RATE APPROVED:	<u>COLUMN 3</u>	<u>COLUMN 4</u> REIMBURSEMENT REQUESTED
1	(New) Rate approved on:	_____	\$ _____	
2	(Old) Rate of reimbursement		\$ _____	
3	(Difference) Rate of Increase (Line 1 minus Line 2)		\$ _____	
		TOTAL HOURS OR HEARINGS BILLED		
	MONTHS			
4	July 20 _____	_____		
5	August	_____		
6	September	_____		
7	October	_____		
8	November	_____		
9	December	_____		
10	January _____	_____		
11	February	_____		
12	March	_____		
13	April	_____		
14	May	_____		
15	June	_____		
16	Total Number of Days		_____	
17	SUBTOTAL: Ward Detention Reimbursement Requested (Rate in Line 3 times Hours/Hearings in Line 16)			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(TYPE) NAME AND TITLE	DATE

**CONSOLIDATED AMENDED INVOICE
WARD DETENTION****Prior Month Billing Adjustment
For Reimbursement Under Welfare & Institutions Code Section 1776**

NAME OF CITY OR COUNTY	FISCAL YEAR
STREET ADDRESS	
CITY, STATE, ZIP CODE	

FROM:	TO:
FACILITY NAME:	California Department of Youth Authority Attn: Financial Analysis Bureau
STREET ADDRESS:	STREET ADDRESS: 4241 Williamsborough Drive
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE Sacramento, CA 95823

LINE	COLUMN 1	COLUMN 2 DATE RATE APPROVED:	COLUMN 3	COLUMN 4 REIMBURSEMENT REQUESTED PER HOUR OR HEARING
18	(New) Rate approved on:	_____	\$ _____ per _____	
19	(Old) Rate of reimbursement		\$ _____ per _____	
20	(Difference) Rate of Increase (Line 18 minus Line 19)		\$ _____ per _____	
	MONTHS	TOTAL HOURS OR HEARINGS BILLED		
21	July 20 _____	_____		
22	August _____	_____		
23	September _____	_____		
24	October _____	_____		
25	November _____	_____		
26	December _____	_____		
27	January _____	_____		
28	February _____	_____		
29	March _____	_____		
30	April _____	_____		
31	May _____	_____		
32	June _____	_____		
33	Total Number of Days		_____	
34	SUBTOTAL: Ward Detention Reimbursement Requested (Rate in Line 20 times number of days in Line 33)			\$ _____
35	TOTAL: Reimbursement requested for this consolidated Amended invoice for the period: _____ thru _____			\$ _____

SIGNATURE OF CITY / COUNTY REPRESENTATIVE	(TYPE) NAME AND TITLE	DATE
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